Image# 14960511770 PAGE 1 / 46

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

|   |  |                                   |                     |                | Office Use Only                                     |
|---|--|-----------------------------------|---------------------|----------------|---|
| 1. NAME OF TYP COMMITTEE (in full)                          | E OR PRINT ▼                               | Example: If typin over the lines. | ng, type            | 12FE4M5        |   |
| American Hospital Associ                                    | ation PAC                                  |                                   |                     |                |   |
|   |  |                                   |                     |                |   |
| ADDRESS (number and street)                                 | 25 Seventh Street, NW                      |                                   |                     |                |   |
| Check if different  | uite 700<br>                               |                                   |                     | DC             | 20004   |
| 2. FEC IDENTIFICATION NUMB                                  | ER ▼ CIT                                   | <b>√</b> ▲                        | S                   | TATE 🛦         | ZIP CODE ▲  |
| C C00106146   | 3. IS                                      |                                   | NEW<br>N) <b>OR</b> | AM<br>(A)      | ENDED   |
| 4. TYPE OF REPORT (Choose One)                              | b) Monthly Feb Report Due On:              | 20 (M2)                           | May 20 (M5)         | Aug            | 20 (M8) Nov 20 (M11) (Non-Election Year Only)       |
| (a) Quarterly Reports:                                      | × Mar                                      |                                   | Jun 20 (M6)         | -              | 20 (M9) Dec 20 (M12)<br>(Non-Election<br>Year Only) |
| April 15<br>Quarterly Report (Q1)                           | Apr 2                                      | 20 (M4)                           | Jul 20 (M7)         | Oct 2          | 20 (M10) Jan 31 (YE)                                |
| July 15 Quarterly Report (Q2)                               | (c) 12-Day PRE-Election                    | Primary (12P                      |                     | General (      |   |
| October 15 Quarterly Report (Q3)                            | Report for the:                            | Convention (                      | 120)                | Special (      | 125)  |
| January 31<br>Year-End Report (YE)                          | Election                                   | n on                              | D D /               | Y   Y   Y   Y  | in the<br>State of                                  |
| July 31 Mid-Year<br>Report (Non-election<br>Year Only) (MY) | (d) 30-Day  POST-Election  Report for the: | General (300                      | a)                  | Runoff (3      | 0R) Special (30S)                                   |
| Termination Report (TER)                                    | Election                                   | n on                              | D   D /             | Y              | in the State of                                     |
| 5. Covering Period 02                                       | 01 2014                                    | through                           | 02                  | / D D /        | 2014  |
| I certify that I have examined this Re                      | eport and to the best of                   | my knowledge and b                | pelief it is true   | e, correct and | I complete.   |
| Signature of Treasurer  Ms. Melino                          | la Hatton                                  | [Electronically                   | , Filed] Da         | ate 03         | / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y          |
| NOTE: Submission of false, erroneous,                       | , or incomplete information                | may subject the pers              | son signing thi     | s Report to th | e penalties of 2 U.S.C. §437g.                      |
| Office<br>Use<br>Only                                       |  |                                   |                     |                | FEC FORM 3X<br>Rev. 12/2004                         |

**SUMMARY PAGE** OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Hospital Association PAC 02 01 2014 02 28 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 3126501.95 January 1, 2014 (b) Cash on Hand at 3211956.08 Beginning of Reporting Period..... 163985.88 47016.45 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 3258972.53 3290487.83 6(a) and 6(c) for Column B)..... 87937.14 119452.44 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 3171035.39 3171035.39 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact:

> Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

| American I | Hospital | Association | PAC |
|------------|----------|-------------|-----|
|------------|----------|-------------|-----|

| Report Covering the Period: From: 02  |   | 28 2014                           |
|---|---|-----------------------------------|
| I. Receipts   | COLUMN A<br>Total This Period           | COLUMN B<br>Calendar Year-to-Date |
| 11. Contributions (other than loans) From:  |   |                                   |
| (a) Individuals/Persons Other   |   |                                   |
| Than Political Committees   | 32722.50                                | 41722.50                          |
| (i) Itemized (use Schedule A)   | 32722.30                                | 71722.00                          |
| ("\ 11 "La a 1 a 1  | 0045.45                                 | 16747.08                          |
| (ii) Unitemized   | 9045.45                                 | 10747.00                          |
| (iii) TOTAL (add<br>Lines 11(a)(i) and (ii)▶  | 41767.95                                | 58469.58                          |
| Lines Tr(a)(i) and (ii)   | , | 30.00.00                          |
| (b) Political Party Committees  | 0.00                                    | 0.00                              |
| (c) Other Political Committees  |   |                                   |
| (such as PACs)  | 5000.00                                 | 5000.00                           |
| (d) Total Contributions (add Lines  | ,                                       |                                   |
| 11(a)(iii), (b), and (c)) (Carry  |   | 00 400 50                         |
| Totals to Line 33, page 5)  | 46767.95                                | 63469.58                          |
| 12. Transfers From Affiliated/Other   |   |                                   |
| Party Committees  | 0.00                                    | 100000.00                         |
| 10. All Leave Descript  | 0.00                                    | 0.00                              |
| 13. All Loans Received  | 7                                       | 0.00                              |
|   | 0.00                                    | 0.00                              |
| 14. Loan Repayments Received  | 0.00                                    | 0.00                              |
| 15. Offsets To Operating Expenditures   |   |                                   |
| (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)  | 0.00                                    | 0.00                              |
| 16. Refunds of Contributions Made   | 7                                       | 0.00                              |
| to Federal Candidates and Other   |   |                                   |
| Political Committees  | 0.00                                    | 0.00                              |
| 17. Other Federal Receipts  |   |                                   |
| (Dividends, Interest, etc.)   | 248.50                                  | 516.30                            |
| 18. Transfers from Non-Federal and Levin Funds  |   | 7                                 |
| (a) Non-Federal Account   |   |                                   |
| (from Schedule H3)  | 0.00                                    | 0.00                              |
|   |   |                                   |
| (b) Levin Funds (from Schedule H5)  | 0.00                                    | 0.00                              |
|   |   |                                   |
| (c) Total Transfers (add 18(a) and 18(b))   | 0.00                                    | 0.00                              |
| <ul><li>19. Total Receipts (add Lines 11(d),</li><li>12, 13, 14, 15, 16, 17, and 18(c))</li></ul> | 47016.45                                | 163985.88                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)▶                                    | 47016.45                                | 163985.88                         |

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements  | Total This Period |                       |  |  |
|--|-------------------|-----------------------|--|--|
| <ol> <li>Operating Expenditures:</li> <li>(a) Allocated Federal/Non-Federal</li> </ol>                           |                   | Calendar Year-to-Date |  |  |
| Activity (from Schedule H4)  | 0.00              | 0.00                  |  |  |
| (i) Federal Share  |                   | 0.00                  |  |  |
| (ii) Non-Federal Share   |                   | 0.00                  |  |  |
| (b) Other Federal Operating  |                   |                       |  |  |
| Expenditures   |                   | 452.44                |  |  |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))  | 187.14            | 452.44                |  |  |
| Transfers to Affiliated/Other Party  |                   |                       |  |  |
| Committees   | 0.00              | 0.00                  |  |  |
| Contributions to<br>Federal Candidates/Committees<br>and Other Political Committees                              | 87750.00          | 119000.00             |  |  |
| Independent Expenditures   | 0.00              | 0.00                  |  |  |
| (use Schedule E) Coordinated Party Expenditures  |                   | 0.00                  |  |  |
| (2 U.S.C. §441a(d))<br>(use Schedule F)  |                   | 0.00                  |  |  |
| Loan Repayments Made   |                   | 0.00                  |  |  |
| Loans MadeRefunds of Contributions To:   | 0.00              | 0.00                  |  |  |
| (a) Individuals/Persons Other Than Political Committees  |                   | 0.00                  |  |  |
| (b) Political Party Committees   |                   | 0.00                  |  |  |
| (c) Other Political Committees (such as PACs)  |                   | 0.00                  |  |  |
| (d) Total Contribution Refunds   |                   |                       |  |  |
| (add Lines 28(a), (b), and (c)).   | ▶ 0.00            | 0.00                  |  |  |
| Other Disbursements  |                   | 0.00                  |  |  |
| F. L Fl A 1 (0.11.0.0.)  | 2404/00//         |                       |  |  |
| Federal Election Activity (2 U.S.C. §  (a) Allocated Federal Election Activity (2 U.S.C. §  (form Schodule U.S.) |                   |                       |  |  |
| (from Schedule H6) (i) Federal Share   | 0.00              | 0.00                  |  |  |
| (ii) "Levin" Share   |                   | 0.00                  |  |  |
| (b) Federal Election Activity Paid E<br>With Federal Funds   |                   | 0.00                  |  |  |
| (c) Total Federal Election Activity (<br>Lines 30(a)(i), 30(a)(ii) and 30  |                   | 0.00                  |  |  |
|  |                   |                       |  |  |
| Total Disbursements (add Lines 21(23, 24, 25, 26, 27, 28(d), 29 and 3  |                   | 119452.44             |  |  |
| Total Federal Disbursements  |                   | 7 7                   |  |  |
| (subtract Line 21(a)(ii) and Line 30(  |                   |                       |  |  |
| from Line 31)  | ▶ 87937.14        | 119452.44             |  |  |

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                               | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 3. Total Contributions (other than loans) (from Line 11(d), page 3)         | 46767.95                      | 63469.58                          |
| 4. Total Contribution Refunds (from Line 28(d))                             | 0.00                          | 0.00                              |
| 5. Net Contributions (other than loans) (subtract Line 34 from Line 33)     | 46767.95                      | 63469.58                          |
| 6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 187.14                        | 452.44                            |
| 7. Offsets to Operating Expenditures (from Line 15, page 3)                 | 0.00                          | 0.00                              |
| 3. Net Operating Expenditures (subtract Line 37 from Line 36)               | 187.14                        | 452.44                            |

Use separate schedule(s) for each category of the Detailed Summary Page

| FOR LINE NUMBER: |   |     |  | PAGE |  | 6   | OF |    | 46 |  |    |
|------------------|---|-----|--|------|--|-----|----|----|----|--|----|
| (check only one) |   |     |  |      |  |     |    |    |    |  |    |
|                  | X | 11a |  | 11b  |  | 11c |    | 12 |    |  |    |
|                  |   | 13  |  | 14   |  | 15  |    | 16 | ;  |  | 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

| or for commercial purposes, other than using t  | he name and address of any political committee to                                  | o solicit contributions from such committee.                              |
|---|--|---|
| NAME OF COMMITTEE (In Full) American Hospital Association   | PAC  |   |
| Full Name (Last, First, Middle Initial)  Dr. Alan L Goldbloom M.D.  Mailing Address 2525 Chicago Avenue South | n  | Date of Receipt   |
| City<br>Minneapolis   | State Zip Code<br>MN 55404-4518  | 02 04 2014  Transaction ID : 21563687  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.  | C  | 500.00  |
| Name of Employer  Children's Hospitals and Clinics of Mi  Receipt For:  Primary General  Other (specify) ▼    | Occupation Chief Executive Officer  Aggregate Year-to-Date ▼  500.00               |   |
| Full Name (Last, First, Middle Initial)  B. Dr. Terence Pladson MD  Mailing Address 1406 Sixth Avenue North   |  | Date of Receipt  02 04 2014   |
| City<br>Saint Cloud   | State Zip Code<br>MN 56303-1900  | Transaction ID : 21563690  Amount of Each Receipt this Period             |
| FEC ID number of contributing federal political committee.  | C  | 500.00  |
| Name of Employer CentraCare Health  Receipt For:  Primary  General  Other (specify) ▼                         | Occupation President and Chief Executive Officer  Aggregate Year-to-Date ▼  500.00 |   |
| Full Name (Last, First, Middle Initial)  Mr. Carl P Vaagenes  Mailing Address 111 17th Avenue East            |  | Date of Receipt   |
| City Alexandria   | State Zip Code<br>MN 56308-5273  | 02 04 2014  Transaction ID : 21563692  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.  | С  | 500.00  |
| Name of Employer  Douglas County Hospital  Receipt For:  Primary General  Other (specify) ▼                   | Occupation Chief Executive Officer  Aggregate Year-to-Date ▼  500.00               |   |
| SUBTOTAL of Receipts This Page (optional)   |  | 1500.00   |
| TOTAL This Period (last page this line number   | er only)   |   |

FOR LINE NUMBER: PAGE 7 OF 46

| Use separate schedule(s) |   |   | eck only |     | • | TAGE | - | <u>'</u> | Oi | 10 |
|--------------------------|---|---|----------|-----|---|------|---|----------|----|----|
|                          | for each category of the<br>Detailed Summary Page | × | 11a      | 11b |   | 11c  |   | 12       |    |    |
|                          |   |   | 13       | 14  |   | 15   |   | 16       |    | 17 |
|                          |   |   |          |     |   |      |   |          |    |    |

| Any information copied from such Reports and State or for commercial purposes, other than using the | atements may not be sold or used by any person<br>name and address of any political committee to |                                    |
|---|--|------------------------------------|
| NAME OF COMMITTEE (In Full)   |  |                                    |
| American Hospital Association P   | PAC  |                                    |
| Full Name (Last, First, Middle Initial)  A. Mr. Erik Martin   |  | Date of Receipt                    |
| Mailing Address 3333 Burnet Avenue  |  | 02 06 2014                         |
| City  | State Zip Code   | Transaction ID : 21563882          |
| Cincinnati  | OH 45229-3026  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.  | C  | 350.00                             |
| Name of Employer  | Occupation   |                                    |
| Cincinnati Children's Hospital Medical  | Clinical Director Pediatric Intensive  |                                    |
| Receipt For:  | Aggregate Year-to-Date ▼   |                                    |
| Primary General Other (specify) ▼   | 350.00   |                                    |
| Full Name (Last, First, Middle Initial)  Mr. Craig W Jones  |  | Date of Receipt                    |
| Mailing Address 4000 Lincoln Boulevard  |  | 02 05 2014                         |
| City  | State Zip Code   | Transaction ID : 21565124          |
| Oklahoma City   | OK 73105-5207  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.  | C  | 925.00                             |
| Name of Employer  | Occupation   |                                    |
| Oklahoma Hospital Association   | President  |                                    |
| Receipt For:  Primary General  Other (specify) ▼  | Aggregate Year-to-Date ▼ 925.00  |                                    |
| Full Name (Last, First, Middle Initial)  C. Mr. Drew Sones  |  | Date of Receipt                    |
| Mailing Address 14945 Janine Dr.  |  | 02 07 _2014 _                      |
| City  | State Zip Code   | Transaction ID : 21565882          |
| Whittier  | CA 90605-1708  | Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.  | C  | 350.00                             |
| Name of Employer  | Occupation   |                                    |
| Presbyterian Intercommunity Health Hos  | Board Member   |                                    |
| Receipt For:  | Aggregate Year-to-Date ▼   |                                    |
| Primary General Other (specify) ▼   | 350.00   |                                    |
| SUBTOTAL of Receipts This Page (optional)   | <b>&gt;</b>  | 1625.00                            |
| TOTAL This Period (last page this line number o   | nly)   |                                    |

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| eparate schedule(s)  | (ch  | (check only one) |     |        |   |       |  |    |    |   |    |
| ch category of the   | l `. | <del>.</del>     | _   | ,      | _ |       |  |    |    |   |    |
| ed Summary Page      | X    | 11a              |     | 11b    |   | 11c   |  | 12 |    |   |    |
| od Guillillary i age |      | 13               |     | 14     |   | 15    |  | 16 |    |   | 17 |
|                      |      |                  | _   |        |   |       |  |    |    | _ |    |

|  | the name and address of any political committee |   |
|--|---|---|
| NAME OF COMMITTEE (In Full)  |   |   |
| American Hospital Associatio   | n PAC   |   |
| Full Name (Last, First, Middle Initial)  A. Ms. Carol Bradley MSN, RN, C |   | Date of Receipt                           |
| Mailing Address 1919 NW Lovejoy Street                                   |   | 02 10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| City   | State Zip Code                                  | Transaction ID : 21567064                 |
| Portland   | OR 97209-1503                                   | Amount of Each Receipt this Period        |
| FEC ID number of contributing federal political committee.               | C   | 500.00                                    |
| Name of Employer   | Occupation                                      | †   |
| Legacy Health  | Senior Vice President and Chief Nursin          |   |
| Receipt For:   | Aggregate Year-to-Date ▼                        |   |
| Primary General  | 00 0  |   |
| Other (specify) ▼  | 500.00  | <u></u>                                   |
| Full Name (Last, First, Middle Initial)  Ms. Karen Wray MSN, RN-BC       |   | Date of Receipt                           |
| Mailing Address 13805 S Seminole Dr                                      |   | 02 11 _2014 _                             |
| City   | State Zip Code                                  | Transaction ID : 21567142                 |
| Olathe   | KS 66062-4549                                   | Amount of Each Receipt this Period        |
| FEC ID number of contributing  |   | 1   |
| federal political committee.   | C   | 350.00                                    |
| Name of Employer   | Occupation                                      | 7   |
| University of Kansas Hospital, The                                       | Nursing Director, Acute Care                    |   |
| Receipt For:   | Aggregate Year-to-Date ▼                        |   |
| Primary General  | 00 0  |   |
| Other (specify) ▼  | 350.00  |   |
| Full Name (Last, First, Middle Initial)  Dr. Mary Crabtree Tonges PhD    | <br>, RN, N                                     | Date of Receipt                           |
| Mailing Address 2605 University Drive                                    | ·   | 02 14 2014                                |
| City   | State Zip Code                                  | Transaction ID : 21573012                 |
| Durham   | NC 27707-2861                                   | Amount of Each Receipt this Period        |
| FEC ID number of contributing federal political committee.               | C   | 350.00                                    |
| Name of Employer   | Occupation                                      | 1   |
| University of North Carolina Hospitals                                   | Sr VP, Nursing Administration                   | _   |
| Receipt For:   | Aggregate Year-to-Date ▼                        |   |
| Primary General  | 250.00  |   |
| Other (specify) ▼  | 350.00  |   |
| SUBTOTAL of Receipts This Page (ontional)                                | )   | 1200.00                                   |
| ago (opnona,   |   |   |
| TOTAL This Period (last page this line numb                              | per only)                                       |   |

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| for each category of the Detailed Summary Page | <b>X</b> 11a | 11b  |   | 11c |   |
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| X    | 11a     |     | 11b    |  | 11c  |   | 12 |    |    |
|      | 13      |     | 14     |  | 15   |   | 16 |    | 17 |

| Any information copied from such Reports and or for commercial purposes, other than using the                | Statements may not be sold or used by any persone name and address of any political committee to | son for the purpose of soliciting contributions o solicit contributions from such committee. |
|--|--|--|
| NAME OF COMMITTEE (In Full) American Hospital Association  | PAC  |  |
| Full Name (Last, First, Middle Initial)  Mr. Arthur A Ushijima  Mailing Address 1099 Alakea Street, Suite 11 | 00   | Date of Receipt  |
| City   | State Zip Code   | 02 12 2014   |
| Honolulu   | State Zip Code<br>HI 96813-4512  | Transaction ID : 21577892  Amount of Each Receipt this Period                                |
| FEC ID number of contributing federal political committee.   | C  | 1000.00  |
| Name of Employer   | Occupation   | -  |
| Queen's Medical Center   | President  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 1000.00   |  |
| Full Name (Last, First, Middle Initial)  3. Dr. Cheryl L. Hoying Ph.D., RN,                                  | 1  | Date of Receipt  |
| Mailing Address 1241 Ashland Avenue  |  | 02 14 _ 2014 _   |
| City   | State Zip Code   | Transaction ID: 21577948   |
| Dayton   | OH 45420-1503  | Amount of Each Receipt this Period   |
| FEC ID number of contributing federal political committee.   | C  | 1000.00  |
| Name of Employer<br>Cincinnati Children's Hospital Medical   | Occupation Senior Vice President, Patient Care Se  |  |
| Receipt For:  Primary General  Other (specify) ▼   | Aggregate Year-to-Date ▼ 1000.00   |  |
| Full Name (Last, First, Middle Initial)  C. Ms. Constance A Howes ESQ  | 1  | Date of Receipt  |
| Mailing Address 101 Dudley Street  |  | 02 18 2014   |
| City<br>Providence   | State Zip Code<br>RI 02905-2499  | Transaction ID : 21578046  Amount of Each Receipt this Period                                |
| FEC ID number of contributing federal political committee.   | C  | Amount of Each Receipt this Period   |
| Name of Employer   | Occupation   | -  |
| Women & Infants Hospital of Rhode Isla   | President and Chief Executive Officer  |  |
| Receipt For: Primary General   | Aggregate Year-to-Date ▼   |  |
| Other (specify) ▼  | 1000.00  |  |
| SUBTOTAL of Receipts This Page (optional)  | · · · · · · · · · · · · · · · · · · ·  | 3000.00  |
| TOTAL This Period (last page this line numbe   | r only)  |  |

FOR LINE NUMBER: PAGE 10 OF 46 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Kim C. Byas Sr., MPH, Date of Receipt Mailing Address One North Franklin 19 2014 City State Zip Code Transaction ID: 21581692 Chicago IL 60606-3436 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation American Hospital Association-Chicago Regional Executive Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. DeWayne Pursley Date of Receipt Mailing Address 330 Brookline Avenue 02 21 2014 City State Zip Code Transaction ID: 21582376 MA **Boston** 02215-5400 Amount of Each Receipt this Period FEC ID number of contributing 350.00 federal political committee. Name of Employer Occupation Beth Israel Deaconess Medical Center Chief, Department of Neonatology Receipt For: Aggregate Year-to-Date ▼ Primary General 350.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. William G Robertson Date of Receipt Mailing Address 2000 Sondra Ct 2014 02 21 City Zip Code State Transaction ID: 21583059 MD Silver Spring 20905-3950 Amount of Each Receipt this Period FEC ID number of contributing 255.00 С federal political committee. Name of Employer Occupation President and Chief Executive Officer Adventist HealthCare Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) 1105.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 11 Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Daniel Griess Date of Receipt Mailing Address 744 W. 16th St 2014 City Zip Code State Transaction ID: 21583088 ΝE Alliance 69301-0810 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Chief Executive Officer Box Butte General Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Amy J Hoey RN, BSN, M Date of Receipt Mailing Address 295 Varnum Ave 02 2014 21 City State Zip Code Transaction ID: 21583123 MA Lowell 01854-2134 Amount of Each Receipt this Period FEC ID number of contributing 375.00 federal political committee. Name of Employer Occupation Lowell General Hospital VP, Patient Care Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Ms. Mary K Moscato Date of Receipt Mailing Address 22 Andrews Road 2014 02 21 City Zip Code State Transaction ID: 21583124 MA Wakefield 01880-5135 Amount of Each Receipt this Period FEC ID number of contributing 375.00 С federal political committee. Name of Employer Occupation President Hebrew Rehabilitation Center Receipt For: Aggregate Year-to-Date ▼ Primary General 375.00 Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

|   | FOR  | R LINE  | NU | MBER | : | PAGE | . 1 | 12 OF | 46 |
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| for each category of the<br>Detailed Summary Page | ×    | 11a     |    | 11b  |   | 11c  |     | 12    |    |
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| NAME OF COMMITTEE (In Full) American Hospital Association            | n PAC   |   |
| Full Name (Last, First, Middle Initial)  A. Mr. Ken F. Sands MD, MPH |   | Date of Receipt   |
| Mailing Address 330 Brookline Avenue Suite 205                       |   | M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                   |
| City   | State Zip Code  | 02 21 2014<br>Transaction ID : 21583125                       |
| Boston   | MA 02215-5400   | Amount of Each Receipt this Period                            |
| FEC ID number of contributing federal political committee.           | C   | 262.50  |
| Name of Employer   | Occupation  |   |
| Beth Israel Deaconess Medical Center                                 | Director, Quality and Safety  |   |
| Receipt For:   | Aggregate Year-to-Date ▼  |   |
| Primary General  Other (specify) ▼                                   | 262.50  |   |
| Full Name (Last, First, Middle Initial)  3. Ms. Gail Latimer MSN, RN |   | Date of Receipt   |
| Mailing Address 130 Country Club Dr                                  |   | 02 24 2014  |
| City   | State Zip Code  | Transaction ID: 21583281                                      |
| Lansdale   | PA 19446-1456   | Amount of Each Receipt this Period                            |
| FEC ID number of contributing federal political committee.           | C   | 500.00  |
| Name of Employer   | Occupation  |   |
| Siemens Medical Solutions  | Vice President and Chief Nursing Offic  |   |
| Receipt For:  Primary  General                                       | Aggregate Year-to-Date ▼  |   |
| Other (specify) ▼  | 500.00  |   |
| Full Name (Last, First, Middle Initial)  C. Mr. Steven A Rose RN, MN | •   | Date of Receipt   |
| Mailing Address 801 Middleford Road                                  |   | 02 24 2014  |
| City<br>Seaford  | State Zip Code<br>DE 19973-3636   | Transaction ID : 21584604  Amount of Each Receipt this Period |
| FEC ID number of contributing federal political committee.           | C   | 500.00  |
| Name of Employer   | Occupation  |   |
| Nanticoke Memorial Hospital  | President and Chief Executive Officer   |   |
| Receipt For:   | Aggregate Year-to-Date ▼  |   |
| Primary General  |   |   |
| Other (specify) ▼  | 500.00  |   |
| SUBTOTAL of Receipts This Page (optional).                           | <b>&gt;</b>   | 1262.50   |
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|  | Statements may not be sold or used by any pers<br>he name and address of any political committee to                  |  |
| NAME OF COMMITTEE (In Full) American Hospital Association  | n PAC  |  |
| Full Name (Last, First, Middle Initial)  Mr. Daniel J Perdue  Mailing Address 2005 Warren Avenue  City Cheyenne  FEC ID number of contributing federal political committee.  Name of Employer  Wyoming Hospital Association  Receipt For:  Primary General Other (specify)                     | State Zip Code WY 82001-3725  C  Occupation President  Aggregate Year-to-Date ▼                                      | Date of Receipt  O2 24 2014  Transaction ID : 21584606  Amount of Each Receipt this Period  250.00 |
| Full Name (Last, First, Middle Initial)  Ms. Linda J Knodel MHA, MSN,  Mailing Address 1235 East Cherokee Street  City  Springfield  FEC ID number of contributing federal political committee.  Name of Employer  Mercy Hospital Springfield  Receipt For:  Primary  General  Other (specify) | State Zip Code MO 65804-2203  C  Occupation Senior Vice President and Chief Nursin  Aggregate Year-to-Date ▼  500.00 | Date of Receipt  02 24 2014  Transaction ID: 21584610  Amount of Each Receipt this Period  500.00  |
| Full Name (Last, First, Middle Initial)  Mr. Bruce King  Mailing Address 273 County Road  City  New London  FEC ID number of contributing federal political committee.  Name of Employer  New London Hospital  Receipt For:  Primary  General  Other (specify)                                 | State Zip Code NH 03257-5736  C  Occupation President and Chief Executive Officer  Aggregate Year-to-Date ▼  500.00  | Date of Receipt  02 25 2014  Transaction ID: 21587127  Amount of Each Receipt this Period  500.00  |
| SUBTOTAL of Receipts This Page (optional)  |  | 1250.00  |
| TOTAL This Period (last page this line number  | er only)   |  |

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13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Dr. Patricia S Yoder-Wise RN, Ed.D, Date of Receipt Mailing Address 7309 93rd St 2014 26 City Zip Code State Transaction ID: 21587807 Lubbock TX 79424-4939 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation The Wise Group President Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Laura J Caramanica PhD, RN, C Date of Receipt Mailing Address 1950 Barrett Lakes Blvd Nw Apt 221 02 27 2014 City State Zip Code Transaction ID: 21587832 GA Kennesaw 30144-4573 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation WellStar Kennestone Hospital Vice President/Chief Nursing Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Sean Gehle Date of Receipt Mailing Address 1828 Boston Blvd 02 26 2014 City Zip Code State Transaction ID: 21587892 MI Lansing 48910-1173 Amount of Each Receipt this Period FEC ID number of contributing 262.50 С federal political committee. Name of Employer Occupation Providence Hospital Vice President Government Relations Receipt For: Aggregate Year-to-Date ▼ Primary General 262.50 Other (specify) 1062.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Spencer C Johnson Date of Receipt Mailing Address 2066 Riverwood Drive 2014 26 City Zip Code State Transaction ID: 21587893 Okemos MI 48864-2814 Amount of Each Receipt this Period FEC ID number of contributing 525.00 federal political committee. Name of Employer Occupation Michigan Health & Hospital Association President Receipt For: Aggregate Year-to-Date ▼ Primary General 525.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Dennis A Swan JD, FACHE Date of Receipt Mailing Address 1215 East Michigan Avenue 02 26 2014 City State Zip Code Transaction ID: 21587895 MI Lansing 48912-1811 Amount of Each Receipt this Period FEC ID number of contributing 525.00 federal political committee. Name of Employer Occupation Sparrow Hospital President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 525.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Laura D. Appel Date of Receipt Mailing Address 224 Vicksburg 2014 02 26 City Zip Code State Transaction ID: 21587900 MI Lansing 48917-9607 Amount of Each Receipt this Period FEC ID number of contributing 551.25 С federal political committee. Name of Employer Occupation Michigan Health & Hospital Association Vice President, Federal Policy & Advoc Receipt For: Aggregate Year-to-Date ▼ Primary General 551.25 Other (specify) 1601.25 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mrs. Amy Barkholz Date of Receipt Mailing Address 905 Sanctuary Dr. 2014 26 City State Zip Code Transaction ID: 21587901 Mason MI 48854-1390 Amount of Each Receipt this Period FEC ID number of contributing 262.50 federal political committee. Name of Employer Occupation General Counsel Michigan Health & Hospital Association Receipt For: Aggregate Year-to-Date ▼ Primary General 262.50 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. William Jackson Date of Receipt Mailing Address 14700 Lake Shore Drive 02 26 2014 City State Zip Code Transaction ID: 21587903 Charlevoix MI 49720-1931 Amount of Each Receipt this Period FEC ID number of contributing 551.25 federal political committee. Name of Employer Occupation Charlevoix Area Hospital President Receipt For: Aggregate Year-to-Date ▼ Primary General 551.25 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Charlie Johnson Date of Receipt Mailing Address 6109 Marsh Road 2014 02 26 City State Zip Code Transaction ID: 21587904 MI Haslett 48840-8902 Amount of Each Receipt this Period FEC ID number of contributing 262.50 С federal political committee. Name of Employer Occupation Chief Information Officer Michigan Health & Hospital Association Receipt For: Aggregate Year-to-Date ▼ Primary General 262.50 Other (specify) 1076.25 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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| for each category of the Detailed Summary Page | X 11a 11b        | 11c 12     |
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|  | Statements may not be sold or used by any person e name and address of any political committee to                 |   |
|--|---|---|
| NAME OF COMMITTEE (In Full) American Hospital Association  | PAC   |   |
| Full Name (Last, First, Middle Initial)  Ms. Cheri Cowperthwait RN  Mailing Address 2276 New Freedom Road  City  Southampton  FEC ID number of contributing  | State Zip Code<br>NJ 08088  | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                            |
| federal political committee.  Name of Employer  Lourdes Specialty Hospital of Southern  Receipt For:  Primary  General  Other (specify) ▼  | C Occupation Chief Executive Officer  Aggregate Year-to-Date ▼  325.00  | 323.00  |
| Full Name (Last, First, Middle Initial)  Ms. Shirley Higgins Bowers  Mailing Address 6 Glen Court  City  Monmouth Junction   | State Zip Code NJ 08852-2927  | Date of Receipt  02 28 2014  Transaction ID: 21589299  Amount of Fach Receipt this Period |
| FEC ID number of contributing federal political committee.  Name of Employer JFK Health System  Receipt For:  Primary General Other (specify)  | Occupation Vice President Human Resources  Aggregate Year-to-Date ▼  227.50                                       | Amount of Each Receipt this Period  227.50  |
| Full Name (Last, First, Middle Initial)  Mr. Fred L Hipp Jr.  Mailing Address 1011 Deacon Road  City Hainesport  FEC ID number of contributing federal political committee.  Name of Employer  Virtua  Receipt For:  Primary  General  Other (specify) | State Zip Code NJ 08036-3610  C  Occupation Vice President Government Relations  Aggregate Year-to-Date ▼  650.00 | Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y                            |
| SUBTOTAL of Receipts This Page (optional)  | <u> </u>  | 1202.50   |
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for each category of the 12 Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Aline M. Holmes RN, APN, M Date of Receipt Mailing Address 19 Ashford Drive 2014 28 City Zip Code State Transaction ID: 21589301 Plainsboro NJ 08536-3632 Amount of Each Receipt this Period FEC ID number of contributing 1300.00 federal political committee. Name of Employer Occupation Senior VP, Clinical Affairs New Jersey Hospital Association Receipt For: Aggregate Year-to-Date ▼ Primary General 1300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Elizabeth A. Ryan Date of Receipt Mailing Address 4 Brookside Drive 02 28 2014 City State Zip Code Transaction ID: 21589314 NJ Bordentown 08505-4439 Amount of Each Receipt this Period FEC ID number of contributing 1625.00 federal political committee. Name of Employer Occupation New Jersey Hospital Association President & Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 1625.00 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Michelle B Davis RN Date of Receipt Mailing Address 295 Varnum Avenue 02 28 2014 City Zip Code State Transaction ID: 21590512 MA Lowell 01854-2134 Amount of Each Receipt this Period FEC ID number of contributing 262.50 С federal political committee. Name of Employer Occupation Lowell General Hospital Manager, Community Health & Education Receipt For: Aggregate Year-to-Date ▼ Primary General 262.50 Other (specify) 3187.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Dr. Howard R Grant JD, MD Date of Receipt Mailing Address 41 Mall Road 2014 28 City Zip Code State Transaction ID: 21590514 Burlington MA 01805-0001 Amount of Each Receipt this Period FEC ID number of contributing 750.00 federal political committee. Name of Employer Occupation President and Chief Executive Officer Lahey Hospital & Medical Center, Burli Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Scott V. Hartman Date of Receipt Mailing Address 32 Oneida Road 02 28 2014 City State Zip Code Transaction ID: 21590515 MA Acton 01720-2323 Amount of Each Receipt this Period FEC ID number of contributing 262.50 federal political committee. Name of Employer Occupation Lahey Hospital & Medical Center, Burli Vice President, Public Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 262.50 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Kevin Tabb MD Date of Receipt Mailing Address 330 Brookline Avenue 02 28 2014 City Zip Code State Transaction ID: 21590517 MA **Boston** 02215-5400 Amount of Each Receipt this Period FEC ID number of contributing 750.00 С federal political committee. Name of Employer Occupation President and Chief Executive Officer Beth Israel Deaconess Medical Center Receipt For: Aggregate Year-to-Date ▼ Primary General 750.00 Other (specify) 1762.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Ms. Patricia Noga Date of Receipt Mailing Address 325 Oak Street 2014 28 City Zip Code State Transaction ID: 21590519 Marshfield MA 02050-6226 Amount of Each Receipt this Period FEC ID number of contributing 262.50 federal political committee. Name of Employer Occupation Senior Director of Clinical Affairs Massachusetts Hospital Association Receipt For: Aggregate Year-to-Date ▼ Primary General 262.50 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Timothy F. Gens Date of Receipt Mailing Address 5 New England Executive Park 02 10 2014 City State Zip Code Transaction ID: 21625510 MA Burlington 01803-5010 Amount of Each Receipt this Period FEC ID number of contributing 1300.00 federal political committee. Name of Employer Occupation Massachusetts Hospital Association **Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General 1300.00 Other (specify) Full Name (Last, First, Middle Initial) c. Dr. Michael Gustafson MD Date of Receipt Mailing Address 7 Swan Road 2014 02 10 City Zip Code State Transaction ID: 21625515 MA Quincy 02169-2617 Amount of Each Receipt this Period FEC ID number of contributing 262.50 С federal political committee. Name of Employer Occupation Brigham and Women's Faulkner Hospital Chief Operating Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 262.50 Other (specify) 1825.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Michael T Rust Date of Receipt Mailing Address P O Box 436629 2014 City Zip Code State Transaction ID: 21625524 Louisville KY 40253-6629 Amount of Each Receipt this Period FEC ID number of contributing 500.00 federal political committee. Name of Employer Occupation President and Chief Executive Officer Kentucky Hospital Association Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Thomas D Kmetz Date of Receipt Mailing Address 231 East Chestnut Street 02 12 2014 City State Zip Code Transaction ID: 21625525 KY Louisville 40202-1821 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Kosair Children's Hospital President Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mr. Chris J. Mitchell Date of Receipt Mailing Address 1262 Lake Side Drive 2014 02 11 City Zip Code State Transaction ID: 21625526 MI East Lansing 48823-2427 Amount of Each Receipt this Period FEC ID number of contributing 525.00 С federal political committee. Name of Employer Occupation Michigan Health & Hospital Association Manager, Government Relations Receipt For: Aggregate Year-to-Date ▼ Primary General 525.00 Other (specify) 1275.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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| ITEMIZED  | RECEIPTS  |                                  | for each category of the Detailed Summary Page                        | (chec                |        |                | e)<br>11b<br>14   | 11c                          | 12                |                     |  |
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| Any information or for commercial   | n copied from such Reports and cial purposes, other than using t          | Statements mane name and a       | ay not be sold or used by any pe<br>ddress of any political committee | rson for<br>to solic | the    | purp<br>ntribu | ose of<br>utions fi   | soliciting                   | g contr<br>h comi | ibutions<br>mittee. |  |
| I \   | COMMITTEE (In Full)<br>an Hospital Association                            | PAC                              |   |                      |        |                |   |                              |                   |                     |  |
| Full Name (Last, First, Middle Initial)  A. Mr. Gary Henriksen  Mailing Address 350 Crosswind Drive |   |                                  |   | _                    | ate of |                | ceipt   | / Y                          | y<br>2014         |                     |  |
| City<br>Dimondale   |   | State<br>MI                      | Zip Code<br>48821-9795  |                      |        |                |   | <b>2162552</b><br>eceipt th  |                   | riod                |  |
|   | nber of contributing ical committee.                                      | С                                |   |                      |        |                | ,   | 1                            | Ę                 | 525.00              |  |
| Receipt For   | ealth & Hospital Association  | Occupation Chief Finan Aggregate |   |                      |        |                |   |                              |                   |                     |  |
| Prima<br>Other  | ry ☐ General<br>(specify) ▼   |                                  | 525.00  |                      |        |                |   |                              |                   |                     |  |
|   | (Last, First, Middle Initial)<br>Iyn Litka-Klein                          |                                  |   | Da                   | ate of | f Red          | ceipt   |                              |                   |                     |  |
|   | Mailing Address 16930 Pine Hollow Drive                                   |                                  |   |                      | 02     | /              | 11  | / Y                          | 2014              |                     |  |
| City<br>East Lansin   | g   | State<br>MI                      | '   |                      |        |                | Transaction ID : 21625528  Amount of Each Receipt this Period |                              |                   |                     |  |
|   | nber of contributing ical committee.                                      | С                                |   |                      |        |                | ,   | ,                            | 3                 | 350.00              |  |
| Name of Er<br>Michigan He   | nployer<br>ealth & Hospital Association                                   | Occupation<br>Sr. Director       | , Health Finance  |                      |        |                |   |                              |                   |                     |  |
| Receipt For Prima Other   |   | Aggregate                        | Year-to-Date ▼ 350.00   |                      |        |                |   |                              |                   |                     |  |
| c. Mr. Pete   | (Last, First, Middle Initial)<br>er J. Schonfeld<br>ress 7105 Cutler Road |                                  |   | _                    | ate of |                | ceipt   | / Y                          | Y                 | Y Y                 |  |
| City<br>Bath  |   | State<br>MI                      | Zip Code<br>48808-9439  |                      |        |                |   | <b>216255</b> ;<br>eceipt th |                   |                     |  |
|   | nber of contributing ical committee.                                      | С                                |   |                      |        |                | ,   | . ,                          | ,                 | 525.00              |  |
| Name of Er  | • •   | Occupation                       |   |                      |        |                |   |                              |                   |                     |  |
| Receipt For Prima   |   |                                  | esident, Policy & Data Svcs  Year-to-Date ▼  525.00                   |                      |        |                |   |                              |                   |                     |  |
| SUBTOTAL o  | of Receipts This Page (optional)  |                                  |   |                      |        |                | ,   | 1                            | 14                | 100.00              |  |
| TOTAL This F  | Period (last page this line numbe   | er only).                        |   | Г                    |        |                |   |                              |                   |                     |  |

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|  | I Statements may not be sold or used by any persthe name and address of any political committee t             |   |
| NAME OF COMMITTEE (In Full) American Hospital Association  | n PAC   |   |
| Full Name (Last, First, Middle Initial)  Mr. Brian Peters  Mailing Address 3051 Crofton Dr.  City  Dewitt  FEC ID number of contributing federal political committee.  Name of Employer  Michigan Health & Hospital Association  Receipt For:  Primary  General  Other (specify)     | State Zip Code MI 48820-7770  C  Occupation Senior Corporate Vice President  Aggregate Year-to-Date ▼  525.00 | Date of Receipt    Mark   |
| Full Name (Last, First, Middle Initial)  Mr. Clark Ballard  Mailing Address 1601 Willoughby Road  City  Mason  FEC ID number of contributing federal political committee.  Name of Employer  Michigan Health & Hospital Association  Receipt For:  Primary  General  Other (specify) | State Zip Code MI 48854-9435  C  Occupation Senior Vice President  Aggregate Year-to-Date ▼  525.00           | Date of Receipt  02 11 2014  Transaction ID: 21625532  Amount of Each Receipt this Period  525.00 |
| Full Name (Last, First, Middle Initial)  Mr. Karmon T Bjella  Mailing Address 1501 West Chisholm Street  City Alpena  FEC ID number of contributing federal political committee.  Name of Employer  Alpena Regional Medical Center  Receipt For:  Primary General Other (specify)    | State Zip Code MI 49707-1401  C  Occupation Chief Executive Officer  Aggregate Year-to-Date   525.00          | Date of Receipt  02 11 2014  Transaction ID: 21625533  Amount of Each Receipt this Period  525.00 |
| SUBTOTAL of Receipts This Page (optional).   | <b>&gt;</b>   | 1575.00   |
| TOTAL This Period (last page this line number  | er only)  |   |

FOR LINE NUMBER: PAGE 24 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Douglas Strong Date of Receipt Mailing Address 1500 East Medical Center Drive 2014 City Zip Code State Transaction ID: 21625534 Ann Arbor MI 48109-5000 Amount of Each Receipt this Period FEC ID number of contributing 525.00 federal political committee. Name of Employer Occupation Chief Executive Officer University of Michigan Hospitals and H Receipt For: Aggregate Year-to-Date ▼ Primary General 525.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Mark Vipperman Date of Receipt Mailing Address 4293 W Hansen 02 2014 11 City State Zip Code Transaction ID: 21625536 MI Ludington 49431-9610 Amount of Each Receipt this Period FEC ID number of contributing 262.50 federal political committee. Name of Employer Occupation Spectrum Health Ludington Hospital President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 262.50 Other (specify) Full Name (Last, First, Middle Initial) c. Ms. Annette S Phillips Date of Receipt Mailing Address 718 North Macomb Street 02 11 2014 City Zip Code State Transaction ID: 21625541 MI Monroe 48162-7815 Amount of Each Receipt this Period FEC ID number of contributing 525.00 С federal political committee. Name of Employer Occupation President and Chief Executive Officer Mercy Memorial Hospital System Receipt For: Aggregate Year-to-Date ▼ Primary General 525.00 Other (specify) 1312.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

## SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 25 OF 46 Use separate schedule(s) (check only one) for each category of the X 11a 11b 11c 12 Detailed Summary Page 14 13 15 16

ITEMIZED RECEIPTS Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. John R Graham Date of Receipt Mailing Address 800 South Washington Avenue 2014 City Zip Code State Transaction ID: 21625542 Saginaw MI 48601-2551 Amount of Each Receipt this Period FEC ID number of contributing 525.00 federal political committee. Name of Employer Occupation President and Chief Executive Officer St. Mary's of Michigan Receipt For: Aggregate Year-to-Date ▼ Primary General 525.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Rodney M Nelson Date of Receipt Mailing Address 220 Burdette Street 02 2014 11 City State Zip Code Transaction ID: 21625543 MI Saint Ignace 49781-1712 Amount of Each Receipt this Period FEC ID number of contributing 525.00 federal political committee. Name of Employer Occupation Mackinac Straits Health System Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 525.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. David B Jahn Date of Receipt Mailing Address 3341 Lakeshore Drive 2014 02 11 Zip Code State Transaction ID: 21625544 MI Sault Sainte Marie 49783-1111 Amount of Each Receipt this Period FEC ID number of contributing 262.50 С federal political committee. Name of Employer Occupation President and Chief Executive Officer War Memorial Hospital Receipt For: Aggregate Year-to-Date ▼ Primary General 262.50 Other (specify) 1312.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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FOR LINE NUMBER: PAGE 26 OF Use separate schedule(s) (check only one) X 11a 11b 11c 12

46

for each category of the Detailed Summary Page 13 14 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. David S. Finkbeiner Date of Receipt Mailing Address 85 Damon Road 2014 City Zip Code State Transaction ID: 21625546 Haslett MI 48840-9747 Amount of Each Receipt this Period FEC ID number of contributing 700.00 federal political committee. Name of Employer Occupation Michigan Health & Hospital Association Senior Vice President, Advocacy Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mr. Thomas D DeFauw FACHE Date of Receipt Mailing Address 1221 Pine Grove Avenue 02 2014 11 City State Zip Code Transaction ID: 21625547 MI Port Huron 48060-3511 Amount of Each Receipt this Period FEC ID number of contributing 700.00 federal political committee. Name of Employer Occupation Port Huron Hospital President and Chief Executive Officer Receipt For: Aggregate Year-to-Date ▼ Primary General 700.00 Other (specify) Full Name (Last, First, Middle Initial) c. Mr. Edwin Ness Date of Receipt Mailing Address 1105 Sixth Street 02 11 2014 City Zip Code State Transaction ID: 21625549 MI Traverse City 49684-2345 Amount of Each Receipt this Period FEC ID number of contributing 262.50 С federal political committee. Name of Employer Occupation President and Chief Executive Officer Munson Healthcare Receipt For: Aggregate Year-to-Date ▼ Primary General 262.50 Other (specify) 1662.50 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

FOR LINE NUMBER: PAGE 27 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

46

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) Mr. Joseph J Mullany Date of Receipt Mailing Address 2169 Tottenham RD 2014 City Zip Code State Transaction ID: 21625550 48301-2332 Bloomfield Hills MI Amount of Each Receipt this Period FEC ID number of contributing C 525.00 federal political committee. Name of Employer Occupation President and Chief Executive Officer **Detroit Medical Center** Receipt For: Aggregate Year-to-Date ▼ Primary General 525.00 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 525.00 SUBTOTAL of Receipts This Page (optional)..... 32722.50 TOTAL This Period (last page this line number only).....

| SI                | CHEDULE A (FEC Form 3X   | 3              |   | FOR LINE NUMBER: PAGE 28 OF 46  |
|-------------------|--|----------------|---|---|
| •                 |  | <del>'</del> / | Use separate schedule(s)                          | (check only one)  |
| ITEMIZED RECEIPTS |  |                | for each category of the<br>Detailed Summary Page | 11a 11b X 11c 12  |
|                   |  |                | 20tanoa Outilinary Fage                           | 13 14 15 16 17  |
|                   |  |                |   | erson for the purpose of soliciting contributions e to solicit contributions from such committee. |
|                   | NAME OF COMMITTEE (In Full)  |                |   |   |
|                   | American Hospital Association  | n PAC          |   |   |
| Α.                | Full Name (Last, First, Middle Initial)  TENET Healthcare Corporation Fe | deral PAC      |   | Date of Receipt   |
|                   | Mailing Address 1445 Ross Avenue   |                |   | M = M / D = D / Y = Y = Y   |
|                   | Suite 1400<br>City   | State          | Zip Code  | 02 28 2014 Transaction ID : 21590504  |
|                   | Dallas   | TX             | 75202   | Amount of Each Receipt this Period  |
|                   | FEC ID number of contributing federal political committee.               | C co           | 0119354   | 5000.00   |
|                   | Name of Employer   | Occupation     | 1   |   |
|                   | Descript For   |                |   |   |
|                   | Receipt For:    Primary   General  | Aggregate      | Year-to-Date ▼                                    |   |
|                   | Other (specify) ▼  |                | 5000.00   |   |
| В.                | Full Name (Last, First, Middle Initial)                                  | '              |   | Date of Receipt   |
|                   | Mailing Address  |                |   | M = M / D = D / Y = Y = Y   |
|                   | City   | State          | Zip Code  |   |
|                   |  |                |   | Amount of Each Receipt this Period  |
|                   | FEC ID number of contributing federal political committee.               | С              |   |   |
|                   | Name of Employer   | Occupation     | 1   |   |
|                   | Receipt For:   | Aggregate      | Year-to-Date ▼                                    |   |
|                   | Primary General Other (specify) ▼  | 7.99.094.0     | A A   | ]   |
| <del></del>       | Full Name (Last, First, Middle Initial)                                  |                |   | Date of Receipt   |
| ٠.                | Mailing Address  |                |   | M = M / D = D / Y = Y = Y   |
|                   | City   | State          | Zip Code  | Amount of Each Receipt this Period  |
|                   | FEC ID number of contributing  |                |   |   |
|                   | federal political committee.   | C              |   |   |
|                   | Name of Employer   | Occupation     | ו   |   |
|                   | Receipt For:   | Aggregate      | Year-to-Date ▼                                    |   |
|                   | Primary General  | 30 0           |   | 1   |
|                   | Other (specify) ▼  |                | ,           | 1   |
| Γ                 | UIDTOTAL of Descript Till Descript                                       |                |   | 5000.00   |
| $\vdash^{s}$      | SUBTOTAL of Receipts This Page (optional                                 | )              |   |   |
| ۱.                | OTAL This Period (last page this line numl                               | oor only)      |   | 5000.00   |

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### S 17

| ~  | NIEDIUE A (FEO E OV)                                       |                          |                                    |   |  |  |  |  |
|--|--|--------------------------|------------------------------------|---|--|--|--|--|
| SCHEDULE A (FEC Form 3X)                               |  |                          | Use separate schedule(s)           | FOR LINE NUMBER: PAGE 29 OF 46  |  |  |  |  |
| ITEMIZED RECEIPTS                                      |  | for each category of the |                                    | (check only one)  |  |  |  |  |
|  |  |                          | Detailed Summary Page              | 11a 11b 11c 12  |  |  |  |  |
| Any information copied from such Reports and Statement |  |                          | ay not be sold or used by any p    | erson for the purpose of soliciting contributions to solicit contributions from such committee. |  |  |  |  |
| 6  | · · · · · · · · · · · · · · · · · · ·                      | Tiamic and a             | address of any political committee | to solicit contributions from such committee.   |  |  |  |  |
|  | American Hospital Association I                            | PAC                      |                                    |   |  |  |  |  |
| Α.   | Full Name (Last, First, Middle Initial)<br>TD Bank         |                          |                                    | Date of Receipt   |  |  |  |  |
|  | Mailing Address 901 Seventh Street, NW                     |                          |                                    | 02 28 2014  |  |  |  |  |
|  | City   | State                    | Zip Code                           | Transaction ID: 21625383  |  |  |  |  |
|  | Washington   | DC                       | 20001                              | Amount of Each Receipt this Period  |  |  |  |  |
|  | FEC ID number of contributing federal political committee. | С                        |                                    | 248.50  |  |  |  |  |
|  | Name of Employer   | Occupation               | 1                                  |   |  |  |  |  |
|  | Receipt For:   | Aggregate                | Year-to-Date ▼                     |   |  |  |  |  |
|  | Primary General  | 00 0                     |                                    | Interest Earned   |  |  |  |  |
|  | Other (specify) ▼  |                          | 516.30                             |   |  |  |  |  |
| _  | Full Name (Last, First, Middle Initial)                    |                          |                                    |   |  |  |  |  |
| В.   |  |                          |                                    | Date of Receipt   |  |  |  |  |
|  | Mailing Address  |                          |                                    | M M / D D / Y Y Y Y   |  |  |  |  |
|  | City   | State                    | Zip Code                           | _   |  |  |  |  |
|  | City   | Olalo                    | 210 0000                           | Amount of Each Receipt this Period  |  |  |  |  |
|  | FEO ID combine of contribution                             |                          |                                    | Amount of Each neceipt this Period  |  |  |  |  |
|  | FEC ID number of contributing federal political committee. | С                        |                                    |   |  |  |  |  |
|  | Name of Employer   | Occupation               |                                    |   |  |  |  |  |
|  | Receipt For:   | Aggregate                | Year-to-Date ▼                     |   |  |  |  |  |
|  | Primary General  |                          |                                    | 1   |  |  |  |  |
|  | Other (specify) $\blacktriangledown$                       |                          |                                    |   |  |  |  |  |
| C.   | Full Name (Last, First, Middle Initial)                    |                          |                                    | Date of Receipt   |  |  |  |  |
|  | Mailing Address  |                          |                                    | M = M / D = D / Y = Y = Y   |  |  |  |  |
|  | City   | State                    | Zip Code                           | Amount of Each Receipt this Period  |  |  |  |  |
|  | FEC ID number of contributing federal political committee. | С                        |                                    |   |  |  |  |  |
|  | Name of Employer   | Occupation               | 1                                  |   |  |  |  |  |
|  | Receipt For:   | Aggregate                | Year-to-Date ▼                     |   |  |  |  |  |
|  | Primary General  | Aggregale                | Tour to Date ¥                     | 1   |  |  |  |  |
|  | Other (specify) ▼  |                          | <u></u>                            |   |  |  |  |  |
|  | IIRTOTAL of Receints This Page (ontional)                  |                          |                                    | 248.50  |  |  |  |  |

TOTAL This Period (last page this line number only).....

248.50

| SCHEDULE B (FEC Form 3X)                              |   | FOR LINE          | FOR LINE NUMBER: PAGE |                        |  |
|---|---|-------------------|-----------------------|------------------------|--|
| ITEMIZED DISBURSEMENTS                                | Use separate schedule(s) for each category of the | (check only       | one)                  | 04                     |  |
|   | Detailed Summary Page                             | X 21b 27          |                       | 24 25 26<br>28c 29 30b |  |
| Any information copied from such Reports and Stater   | nente may not be cold or use                      |                   |                       |                        |  |
| or for commercial purposes, other than using the name |   |                   |                       |                        |  |
| NAME OF COMMITTEE (In Full)                           |   |                   |                       |                        |  |
| American Hospital Association PA                      | C   |                   |                       |                        |  |
| Full Name (Last, First, Middle Initial)               |   |                   |                       |                        |  |
| A. Newtek Merchant Solutions                          |   |                   | Date of Disbursement  | / Y Y Y Y Y            |  |
| Mailing Address 744 N 4th Street                      |   |                   | 02 05                 | 2014                   |  |
| ,   | State Zip Code                                    |                   | Transaction ID : 216  | 325393                 |  |
| Milwaukee   | WI 53203  |                   | mansachon ib . 210    | <i>1</i> 2333          |  |
| Purpose of Disbursement<br>Merchant Fees              |   | 001               | Amount of Each Disb   | ursement this Period   |  |
| Candidate Name  |   | Category/         |                       | 97.04                  |  |
| Office Sought: House Disburser                        | nent For:   | Туре              |                       | 07.04                  |  |
|   | Primary General                                   |                   | Merchant Fees         |                        |  |
| President   | Other (specify) ▼                                 |                   |                       |                        |  |
| State: District:                                      |   |                   |                       |                        |  |
| Full Name (Last, First, Middle Initial)               |   |                   | Data of Distance      |                        |  |
| 3.  |   |                   | Date of Disbursement  |                        |  |
| Mailing Address                                       |   |                   | M M / D D             | /                      |  |
|   |   |                   |                       |                        |  |
| City  | State Zip Code                                    |                   |                       |                        |  |
| Purpose of Disbursement                               |   |                   |                       |                        |  |
|   |   |                   | Amount of Each Disbo  | ursement this Period   |  |
| Candidate Name  |   | Category/         |                       |                        |  |
| Office Sought: House Disburser                        | nent For:   | Туре              |                       | 7                      |  |
| Senate  | Primary General                                   |                   |                       |                        |  |
|   | Other (specify) ▼                                 |                   |                       |                        |  |
| State: District:                                      |   |                   |                       |                        |  |
| Full Name (Last, First, Middle Initial) C.            |   |                   | Date of Disbursement  |                        |  |
|   |   |                   | M M / D D             | / Y Y Y Y Y            |  |
| Mailing Address                                       |   |                   |                       |                        |  |
| City  | State Zip Code                                    |                   |                       |                        |  |
| Purpose of Disbursement                               |   |                   |                       |                        |  |
| •   | anpado di Diabardomant                            |                   |                       |                        |  |
| Candidate Name  |   | Category/<br>Type |                       |                        |  |
| Office Sought: House Disburser                        | nent For:   |                   | 7                     |                        |  |
| Senate  | Primary General                                   |                   |                       |                        |  |
| President District:                                   | Other (specify) ▼                                 |                   |                       |                        |  |
| State: District:                                      |   |                   |                       |                        |  |
| SUBTOTAL of Disbursements This Page (optional)        |   |                   |                       | 97.04                  |  |
|   |   |                   |                       |                        |  |
| TOTAL This Period (last page this line number only)   |   |                   |                       | 97.04                  |  |

| SCHEDULE B (FEC Form 3X)  |   | FOR LINE I        | NUMBER: PAGE 31 OF 46                   |
|---|---|-------------------|---|
| TEMIZED DISBURSEMENTS   | Use separate schedule(s) for each category of the | (check only       | one)                                    |
|   | Detailed Summary Page                             | 21b               | 22 X 23 24 25 26                        |
|   |   | 27                | 28a   28b   28c   29   30b              |
| Any information copied from such Reports and Staten<br>or for commercial purposes, other than using the nam |   |                   |   |
| NAME OF COMMITTEE (In Full)   |   |                   |   |
| American Hospital Association PAG   |   |                   |   |
| Full Name (Last, First, Middle Initial)   |   |                   |   |
| A. Portman For Senate Committee   |   |                   | Date of Disbursement                    |
| Mailing Address 9856 Archer Lane  |   |                   | 02 06 2014                              |
| City  | State Zip Code                                    |                   | Transaction ID 04570044                 |
| Dublin  | OH 43017  |                   | Transaction ID: 21573014                |
| Purpose of Disbursement<br>2016 Contribution  |   | 011               | Amount of Each Disbursement this Period |
| Candidate Name  |   | Category/         | 1500.00                                 |
| Sen. Rob Portman  |   | Type              | 1300.00                                 |
| Senate President  | nent For: 2016  Primary General  Other (specify)  |                   | 2016 Contribution                       |
| State: OH District:   |   |                   |   |
| Full Name (Last, First, Middle Initial)   |   |                   | Data of Dishamanant                     |
| B. Lou Barletta For Congress  |   |                   | Date of Disbursement                    |
| Mailing Address P.O. Box 128  |   |                   | 02 06 2014                              |
| Hazleton  | State Zip Code<br>PA 18201                        |                   | Transaction ID : 21573015               |
| Purpose of Disbursement<br>Contribution   |   | 011               | Amount of Each Disbursement this Period |
| Candidate Name  |   | Category/         | 2000.00                                 |
| Rep. Lou Barletta   |   | Type              | 2000.00                                 |
|   | nent For: 2014  Primary General  Other (specify)  |                   | Contribution                            |
| Full Name (Last, First, Middle Initial)   |   |                   |   |
| C. Vern Buchanan For Congress   |   |                   | Date of Disbursement                    |
| Mailing Address P. O. Box 48928   |   |                   | 02 06 2014                              |
| City Sarasota   | State Zip Code<br>FL 34230                        |                   | Transaction ID: 21573016                |
| Purpose of Disbursement Contribution  | 34230   | 244               |   |
| Candidate Name  |   | 011               | Amount of Each Disbursement this Period |
| Rep. Vern Buchanan  |   | Category/<br>Type | 1000.00                                 |
|   | nent For: 2014                                    | .,,,,,            |   |
| Senate President  State: FL District: 16  | Primary General Other (specify) ▼                 |                   | Contribution                            |
| 10  |   |                   |   |
| SUBTOTAL of Disbursements This Page (optional)  |   | <u> </u>          | 4500.00                                 |
| TOTAL This Period (last page this line number only)   |   |                   |   |

| SCHEDULE B (FEC Form 3X)   |  | FOR LINE I  | NUMBER: PAGE 32 OF 46                   |    |
|--|--|-------------|---|----|
| ITEMIZED DISBURSEMENTS   | Use separate schedule(s)                         | (check only |   |    |
|  | for each category of the Detailed Summary Page   | 21b         | 22 🗙 23 🗌 24 📗 25 📄 26                  |    |
|  | , ,  | 27          | 28a 28b 28c 29 30                       | )b |
| Any information copied from such Reports and Stater or for commercial purposes, other than using the nan |  |             |   |    |
| NAME OF COMMITTEE (In Full)  |  |             |   |    |
| American Hospital Association PA   | C  |             |   |    |
| Full Name (Last, First, Middle Initial)  |  |             |   | _  |
| A. Crawford For Congress   |  |             | Date of Disbursement                    |    |
| Mailing Address PO Box 16956   |  |             | 02 06 2014                              |    |
| City   | State Zip Code                                   |             | Transaction ID : 21573017               |    |
| Jonesboro  | AR 72403   |             | Transaction ib . 21373017               |    |
| Purpose of Disbursement<br>Contribution  |  | 011         | Amount of Each Disbursement this Period |    |
| Candidate Name   |  | Category/   | 1000.00                                 |    |
| Rep. Rick A. Crawford  |  | Туре        | 100.00                                  | L  |
| Senate President   | nent For: 2014  Primary General  Other (specify) |             | Contribution                            |    |
| State: AR District: 01   |  |             |   | _  |
| Full Name (Last, First, Middle Initial)  |  |             | Data of Disharanant                     |    |
| B. Jeff Duncan For Congress  |  |             | Date of Disbursement                    |    |
| Mailing Address PO Box 845   |  |             | 02 06 2014                              |    |
| City   | State Zip Code                                   |             | Transaction ID : 21573018               |    |
| Laurens  | SC 29360   |             | 1141104041011121121010010               |    |
| Purpose of Disbursement<br>Contribution  |  | 011         | Amount of Each Disbursement this Period |    |
| Candidate Name   |  | Category/   | 1000.00                                 |    |
| Rep. Jeff Duncan   |  | Туре        | 1000.00                                 | L  |
|  | nent For: 2014  Primary General  Other (specify) |             | Contribution                            |    |
| Full Name (Last, First, Middle Initial)  |  |             |   | _  |
| C. Kirkpatrick For Arizona   |  |             | Date of Disbursement                    |    |
| Mailing Address PO Box 12011   |  |             | 02 06 7 2014                            |    |
| City   | State Zip Code                                   |             | Transaction ID : 21573019               |    |
| Casa Grande Purpose of Disbursement  | AZ 85130   |             | Transaction in . 21373019               |    |
| Contribution   |  | 011         | Amount of Each Disbursement this Period |    |
| Candidate Name   |  | Category/   | 1000.00                                 | i  |
| Rep. Ann Kirkpatrick   |  | Type        | 1000.00                                 |    |
| Senate President   | nent For: 2014  Primary General  Other (specify) |             | Contribution                            |    |
| State: AZ District: 01   |  |             |   |    |
| SUBTOTAL of Disbursements This Page (optional)   |  | ·····•      | 3000.00                                 |    |
| TOTAL This Period (last page this line number only)  |  | ·····•      |   |    |

| S        | CHEDULE B (FEC Form 3X)  |  | FOR LINE          | NUMBER: PAGE 33 OF 46                      |   |
|----------|--|--|-------------------|--|---|
| IT       | EMIZED DISBURSEMENTS   | Use separate schedule(s for each category of the | (check only       |  |   |
|          |  | Detailed Summary Page                            | 21b               | 22 🗙 23 24 25 26                           |   |
|          |  | , ,  | 27                | 28a 28b 28c 29 30b                         | _ |
|          | ny information copied from such Reports and Staten<br>for commercial purposes, other than using the name |  |                   |  |   |
| <u>\</u> | NAME OF COMMITTEE (In Full)  | le and address of any point                      | icai committee to | solicit contributions from such committee. | - |
|          | American Hospital Association PAG  | ^  |                   |  |   |
|          | American riospital Association FAG   | <b>.</b>   |                   |  |   |
|          | Full Name (Last, First, Middle Initial)  |  |                   |  | - |
| Α.       | Marino For Congress  |  |                   | Date of Disbursement                       |   |
|          | Mailing Address DO Day 050   |  |                   | M M / D D / Y Y Y Y                        |   |
|          | Mailing Address PO Box 653   |  |                   | 02 06 2014                                 |   |
|          | City   | State Zip Code                                   |                   | Tuesday ID 04570000                        | - |
|          | Williamsport   | PA 17703   |                   | Transaction ID: 21573020                   |   |
|          | Purpose of Disbursement<br>Contribution  |  | 011               | Associated Foods District and this Deviced |   |
|          | Candidate Name   |  | 011               | Amount of Each Disbursement this Period    |   |
|          | Rep. Tom Marino  |  | Category/<br>Type | 1000.00                                    |   |
|          | •  | ment For: 2014                                   | .,,,,,            |  |   |
|          | Senate   | Primary General                                  |                   | Contribution                               |   |
|          | President  | Other (specify) ▼                                |                   |  |   |
|          | State: PA District: 10   |  |                   |  | - |
| В.       | Full Name (Last, First, Middle Initial)  | _  |                   | Date of Disbursement                       |   |
| ٠.       | Devin Nunes Campaign Committee   | e  |                   | M M / D D / Y Y Y Y                        |   |
|          | Mailing Address PO Box 6545  |  |                   | 02 06 _ 2014 _                             |   |
|          |  |  |                   |  |   |
|          |  | State Zip Code                                   |                   | Transaction ID: 21573021                   |   |
|          | Visalia Purpose of Disbursement  | CA 93290   |                   |  |   |
|          | Contribution   |  | 011               | Amount of Each Disbursement this Period    |   |
|          | Candidate Name   |  | Category/         |  |   |
|          | Rep. Devin G. Nunes  |  | Type              | 1000.00                                    |   |
|          |  | nent For: 2014                                   |                   |  |   |
|          | Senate   X   | Primary General Other (specify)                  |                   | Contribution                               |   |
|          | State: CA District: 22   | Other (specify)                                  |                   |  |   |
|          | Full Name (Last, First, Middle Initial)  |  |                   |  |   |
| C.       | Heartland Values PAC   |  |                   | Date of Disbursement                       |   |
|          |  |  |                   | M M / D D / Y Y Y Y                        |   |
|          | Mailing Address P.O. Box 505   |  |                   | 02 06 2014                                 |   |
|          | City   | State Zip Code                                   |                   |  | - |
|          | Sioux Falls  | SD 57101   |                   | Transaction ID: 21573022                   |   |
|          | Purpose of Disbursement<br>2014 Contribution   |  |                   |  |   |
|          |  |  | 011               | Amount of Each Disbursement this Period    |   |
|          | Candidate Name Heartland Values PAC  |  | Category/         | 1000.00                                    |   |
|          | Office Sought: House Disbursen   | ment For:  | Type              |  |   |
|          |  | Primary General                                  |                   | 2014 Contribution                          |   |
|          | President  | Other (specify)                                  |                   |  |   |
|          |  |  |                   |  |   |
|          | State: District:   |  |                   |  | - |
|          |  |  |                   | 3000 00                                    |   |
| s        | State: District:  SUBTOTAL of Disbursements This Page (optional)   |  | ·····             | 3000.00                                    |   |
|          |  |  |                   | 3000.00                                    |   |

| S          | CHEDULE B (FEC Form 3X)                            |                                    |                                   | FOR LINE NUMBER: PAGI |            |              | 34 (          | OF 46    |           |
|------------|--|------------------------------------|-----------------------------------|-----------------------|------------|--------------|---------------|----------|-----------|
| IT         | EMIZED DISBURSEMENTS                               |                                    | arate schedule(s) category of the | (check only           | one)       |              |               |          |           |
|            |  |                                    | Summary Page                      | 21b<br>27             | 22<br>28a  | 23<br>28b    | 24<br>28c     | 25<br>29 | 26<br>30b |
| ۸.         | ny information copied from such Reports and Statem | l<br>nente mov                     | not be sold or us                 |                       |            |              |               |          |           |
| or         | for commercial purposes, other than using the nam  | e and add                          | ress of any politic               | al committee to       | solicit co | ntributions  | from such     | commit   | tee.      |
|            | NAME OF COMMITTEE (In Full)                        |                                    |                                   |                       |            |              |               |          |           |
| $ \rangle$ | American Hospital Association PAC                  |                                    |                                   |                       |            |              |               |          |           |
| _          | Full Name (Last, First, Middle Initial)            |                                    |                                   |                       |            |              |               |          |           |
| Α.         | Nutmeg PAC   |                                    |                                   |                       |            | f Disburse   |               |          |           |
|            | Mailing Address 777 Summer Street                  |                                    |                                   |                       | 02         | 00           |               | 2014     | Y         |
|            | City   | State                              | Zip Code                          |                       | T          | ID           | - 04 570000   |          |           |
|            | Stamford   | СТ                                 | 06903                             |                       | irans      | action ID    | : 21573023    |          |           |
|            | Purpose of Disbursement<br>2014 Contribution       |                                    |                                   | 011                   | Amoun      | t of Each    | Disburseme    | ent this | Period    |
|            | Candidate Name                                     |                                    |                                   | Category/             |            |              |               | 1000     | 0.00      |
|            | Office Sought: House Disbursen                     | nent For                           |                                   | Туре                  |            | -            |               |          |           |
|            |  | Primary                            | General                           |                       | 2014 C     | ontribution  |               |          |           |
|            |  | Other (spe                         |                                   |                       | 2017 0     | o. m. Dalion |               |          |           |
|            | State: District:                                   |                                    |                                   |                       |            |              |               |          |           |
| _          | Full Name (Last, First, Middle Initial)            |                                    |                                   |                       |            |              |               |          | <u> </u>  |
| В.         | Orrin PAC  |                                    |                                   |                       |            | f Disburse   |               |          |           |
|            | Mailing Address 175 S. West Temple Suite 650       |                                    |                                   |                       | 02         | / D 0        |               | 2014     | Y         |
|            | City S<br>Salt Lake City                           | State<br>UT                        | Zip Code<br>84101                 |                       | Trans      | saction ID   | : 21573024    |          |           |
|            | Purpose of Disbursement                            | -                                  | 04101                             |                       |            |              |               |          |           |
|            | 2014 Contribution                                  |                                    |                                   | 011                   | Amoun      | t of Each    | Disburseme    | ent this | Period    |
|            | Candidate Name                                     |                                    |                                   | Category/             |            |              |               | 100      | 0.00      |
|            | Orrin PAC  |                                    |                                   | Туре                  |            | -            |               | 100      | 5.00      |
|            |  | nent For:<br>Primary<br>Other (spe | General cify) ▼                   |                       | 2014 C     | ontribution  |               |          |           |
| _          | Full Name (Last, First, Middle Initial)            |                                    |                                   |                       |            |              |               |          |           |
| C.         | PETEPAC: People for Enterprise T                   | rade &                             | Econ Growth                       | า                     | Date of    | f Disburse   |               | Y        | Υ         |
|            | Mailing Address 3686 King Street<br>#146           |                                    |                                   |                       | 02 06 2014 |              |               |          |           |
|            |  | State                              | Zip Code                          |                       | Trans      | saction ID   | : 21573025    |          |           |
|            | Alexandria Purpose of Disbursement                 | VA                                 | 22302                             |                       |            |              |               |          |           |
|            | 2014 Contribution                                  |                                    |                                   | 011                   | Amoun      | t of Each    | Disburseme    | ant thic | Period    |
|            | Candidate Name                                     |                                    |                                   | Category/             | AIIIOUII   | . OI Lacil   | Pisbui seille |          |           |
|            | PETEPAC: People for Enterprise Tra                 | de & Ec                            | on Growth                         | Type                  |            |              |               | 5000     | 0.00      |
|            | Office Sought: House Disbursen                     |                                    |                                   |                       |            |              |               |          |           |
|            |  | Primary                            | General                           |                       | 2014 C     | ontribution  |               |          |           |
|            |  | Other (spe                         | ciry) 🔻                           |                       |            |              |               |          |           |
|            | State: District:                                   |                                    |                                   |                       |            |              |               |          |           |
| s          | SUBTOTAL of Disbursements This Page (optional)     |                                    |                                   | ·····•                |            |              | 7             | 7000     | 0.00      |
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| SCHEDULE B (FEC Form 3X)  |   | FOR LINE N  | NUMBER: PAGE 35 OF 46                   |
|---|---|-------------|---|
| TEMIZED DISBURSEMENTS   | Use separate schedule(s) for each category of the | (check only | one)                                    |
|   | Detailed Summary Page                             | 21b         | 22 × 23 24 25 26                        |
|   |   | 27          | 28a   28b   28c   29   30b              |
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| NAME OF COMMITTEE (In Full)   |   |             |   |
| American Hospital Association PAC   |   |             |   |
| Full Name (Last, First, Middle Initial)   |   |             |   |
| A. ROSKAM PAC-Republican Operation to   | Secure and Keep a Ma                              | jority      | Date of Disbursement                    |
| Mailing Address PO Box 1011   |   |             | 02 06 2014                              |
| City  | State Zip Code                                    |             | Transaction ID : 21573026               |
| Wheaton   | IL 60187  |             | 11ansaction iD . 21373020               |
| Purpose of Disbursement<br>2014 Contribution  |   | 011         | Amount of Each Disbursement this Period |
| Candidate Name ROSKAM PAC-Republican Operation to Secure  | and Keep a Majority                               | Category/   | 5000.00                                 |
| Office Sought: House Disbursen  | , , ,   | Туре        |   |
| Senate  | Primary General Other (specify) ▼                 |             | 2014 Contribution                       |
| State: District:  |   |             |   |
| Full Name (Last, First, Middle Initial)   |   |             |   |
| B. Terri Sewell For Congress  |   |             | Date of Disbursement                    |
| Mailing Address P.O. Box 1964   |   |             | 02 06 2014                              |
| •   | State Zip Code                                    |             | Transaction ID: 21573027                |
| Birmingham Purpose of Disbursement  | AL 35201  |             |   |
| Contribution  |   | 011         | Amount of Each Disbursement this Period |
| Candidate Name  |   | Category/   | 2500.00                                 |
| Rep. Terri A. Sewell  |   | Type        | 2500.00                                 |
| Senate  | nent For: 2014  Primary General  Other (specify)  |             | Contribution                            |
| State: AL District: 07  |   |             |   |
| Full Name (Last, First, Middle Initial)   |   |             | Date of Disbursement                    |
| C. McCollum For Congress  |   |             | M M / D D / Y Y Y Y                     |
| Mailing Address P.O. Box 14131  |   |             | 02 06 2014                              |
| ,   | State Zip Code                                    |             | Transaction ID: 21573028                |
| Purpose of Disbursement   | MN 55114  |             |   |
| Contribution  |   | 011         | Amount of Each Disbursement this Period |
| Candidate Name Rep. Betty McCollum  |   | Category/   | 1000.00                                 |
|   | nent For: 2014                                    | Туре        |   |
| Senate<br>President   | Primary General Other (specify)                   |             | Contribution                            |
| State: MN District: 04  |   |             |   |
| SUBTOTAL of Disbursements This Page (optional)  |   | ·····•      | 8500.00                                 |
| TOTAL This Period (last page this line number only)   |   | ·····•      |   |

| SCHEDULE B (FEC Form 3X)  | Use separate schedule(s                          | FOR LINE  | PAGE 36 OF 46      |                        |
|---|--|-----------|--------------------|------------------------|
| ITEMIZED DISBURSEMENTS  | for each category of the Detailed Summary Page   | 21b       | 22 🗶 23            | 24 25 2                |
|   |  | 27        | 28a 28b            | 28c 29 3               |
| Any information copied from such Reports and Staten<br>or for commercial purposes, other than using the nam |  |           |                    |                        |
| NAME OF COMMITTEE (In Full)   |  |           |                    |                        |
| American Hospital Association PAG   | C  |           |                    |                        |
| Full Name (Last, First, Middle Initial)   |  |           |                    |                        |
| Lantor For Congress   |  |           | Date of Disburseme |                        |
| Mailing Address PO Box 17813  |  |           | 02 06              | 2014                   |
| City  | State Zip Code                                   |           | Transaction ID : 2 | 21573020               |
| Richmond  | VA 23226   |           | Transaction iD . 2 | 11373029               |
| Purpose of Disbursement<br>Contribution   |  | 011       | Amount of Each Di  | sbursement this Period |
| Candidate Name  |  | Category/ |                    | 1000.00                |
| Rep. Eric I. Cantor   |  | Type      |                    | 1000.00                |
| Office Sought:    House   Disburser   | nent For: 2014  Primary                          |           | Contribution       |                        |
| State: VA District: 07  |  |           |                    |                        |
| Full Name (Last, First, Middle Initial)   |  |           | Data of Diahamaana |                        |
| Diane Black For Congress  |  |           | Date of Disburseme |                        |
| Mailing Address PO Box 1437   |  |           | 02 12              | 2014                   |
| Gallatin  | State Zip Code<br>TN 37066                       |           | Transaction ID : 2 | 21573030               |
| Purpose of Disbursement<br>Contribution   |  | 011       | Amount of Each Di  | sbursement this Period |
| Candidate Name  |  | Category/ |                    | 4000.00                |
| Rep. Diane Black  |  | Type      |                    | 1000.00                |
|   | nent For: 2014 Primary General Other (specify)   |           | Contribution       |                        |
| Full Name (Last, First, Middle Initial)   |  |           |                    |                        |
| Kind For Congress Committee   |  |           | Date of Disburseme | _                      |
| Mailing Address 205 5th Avenue South  |  |           | 02 / 12            | 2014                   |
| La Crosse   | State Zip Code<br>WI 54601                       |           | Transaction ID : 2 | 21573031               |
| Purpose of Disbursement<br>Contribution   |  | 011       | Amount of Each Di  | sbursement this Period |
| Candidate Name  |  | Category/ |                    |                        |
| Rep. Ron Kind   |  | Type      |                    | 1000.00                |
|   | nent For: 2014  Primary General  Other (specify) |           | Contribution       |                        |
|   |  |           |                    | 2000 00                |
| SUBTOTAL of Disbursements This Page (optional)  |  | ······    |                    | 3000.00                |
| TOTAL This Period (last page this line number only)   |  |           |                    |                        |

| SCHEDULE B (FEC Form 3X)   |   | , FOR LINE               | NOWDELL.  | 46        |
|--|---|--------------------------|---|-----------|
| TEMIZED DISBURSEMENTS  | Use separate schedule( for each category of the | (oncore ormy             |   |           |
|  | Detailed Summary Page                           |                          |   | 26<br>30b |
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| Any information copied from such Reports and State or for commercial purposes, other than using the na |   |                          |   |           |
| NAME OF COMMITTEE (In Full)  |   |                          |   |           |
| American Hospital Association PA   | C   |                          |   |           |
| /  |   |                          |   |           |
| Full Name (Last, First, Middle Initial)  | 20  |                          | Date of Disbursement                            |           |
| A. Pete King For Congress Committe   | <del>;C</del>                                   |                          | M M / D D / Y Y Y Y                             |           |
| Mailing Address PO Box 1428  |   |                          | 02 12 2014                                      |           |
|  |   |                          |   |           |
| City<br>Seaford  | State Zip Code<br>NY 11783                      |                          | Transaction ID: 21573032                        |           |
| Purpose of Disbursement  | 111 11703                                       | T                        |   |           |
| Contribution   |   | 011                      | Amount of Each Disbursement this Period         | t         |
| Candidate Name   |   | Category/                | 1000.00   | П         |
| Rep. Pete T. King  |   | Type                     | 1000.00   | _         |
|  | ment For: 2014                                  |                          |   |           |
| Senate President   | Primary   |                          | Contribution                                    |           |
| State: NY District: 02   | Other (specify)                                 |                          |   |           |
| Full Name (Last, First, Middle Initial)  |   |                          |   |           |
| B. Blaine Luetkemeyer for Congress   |   |                          | Date of Disbursement                            |           |
|  |   |                          | M = M / D = D / Y = Y = Y                       |           |
| Mailing Address P.O. Box 25  |   |                          | 02 12 2014                                      |           |
| City   | State Zip Code                                  |                          |   |           |
| Holts Summit   | MO 65043  |                          | Transaction ID: 21573033                        |           |
| Purpose of Disbursement Contribution   |   | 244                      |   |           |
| Candidate Name   |   | 011                      | Amount of Each Disbursement this Period         | 1         |
| Rep. Blaine Luetkemeyer  |   | Category/<br>Type        | 1000.00   |           |
|  | ment For: 2014                                  | Турс                     | ,         |           |
|  | Primary General                                 |                          | Contribution                                    |           |
| President  | Other (specify) ▼                               |                          |   |           |
| State: MO District: 03   |   |                          |   |           |
| Full Name (Last, First, Middle Initial)  |   |                          | Date of Disbursement                            |           |
| C. Citizens For Tom Petri  |   |                          |   |           |
| Mailing Address PO Box 270   |   |                          | 02 12 2014                                      |           |
|  |   |                          |   |           |
| City   | State Zip Code                                  |                          | Transaction ID: 21573034                        |           |
| Fond Du Lac Purpose of Disbursement  | WI 54936  | T                        |   |           |
| Contribution   |   |                          |   | 4         |
| Contribution   |   | 011                      | Amount of Each Disbursement this Period         |           |
| Candidate Name   |   |                          | Amount of Each Disbursement this Period         | J         |
| Candidate Name Rep. Tom E. Petri   |   | 011<br>Category/<br>Type | Amount of Each Disbursement this Period 1000.00 |           |
| Candidate Name  Rep. Tom E. Petri  Office Sought: House Disburse                                       | ment For: 2014                                  | Category/<br>Type        |   |           |
| Candidate Name  Rep. Tom E. Petri  Office Sought:  House Senate  Disburse                              | Primary General                                 | Category/<br>Type        |   |           |
| Candidate Name  Rep. Tom E. Petri  Office Sought: House Disburse                                       |   | Category/<br>Type        | 1000.00   |           |
| Candidate Name  Rep. Tom E. Petri  Office Sought:  House Senate President  Disburse                    | Primary General                                 | Category/<br>Type        | 1000.00   | ]<br>_    |
| Candidate Name  Rep. Tom E. Petri  Office Sought:  House Senate President  Disburse                    | Primary General Other (specify) ▼               | Category/<br>Type        | 1000.00   | ]<br>     |
| Candidate Name  Rep. Tom E. Petri  Office Sought:  Senate President  State: WI District: 06            | Primary General Other (specify) ▼               | Category/<br>Type        | 1000.00<br>Contribution                         |           |

| SCHE    | EDULE B (FEC Form 3X)   |            |                                   |   |            |            | PAGE       | 38 (        | OF 46  |
|---------|---|------------|-----------------------------------|---|------------|------------|------------|-------------|--------|
| ITEM    | IZED DISBURSEMENTS  |            | arate schedule(s) category of the | (check only                             | y one)     |            |            |             |        |
|         |   |            | Summary Page                      | 21b                                     | 22         | X 23       | 24         | 25<br>29    | 26     |
|         |   |            |                                   | 27                                      | 28a        | 28b        | 28c        |             | 30b    |
|         | ormation copied from such Reports and Statem commercial purposes, other than using the name |            |                                   |   |            |            |            |             |        |
|         | ME OF COMMITTEE (In Full)   |            |                                   | 55/////////                             | 2011011 00 |            | 04011      | 50/11/11/10 |        |
| I \     | nerican Hospital Association PAC  |            |                                   |   |            |            |            |             |        |
| / ^''   | ionoan i ioopilai Aoooolalion FAC   |            |                                   |   |            |            |            |             |        |
|         | Name (Last, First, Middle Initial)  |            |                                   |   |            |            |            |             |        |
| A. Qu   | igley For Congress  |            |                                   |   | Date o     | f Disburse | ment       |             |        |
| Moil    | ing Address DO Day 10010  |            |                                   |   | MM         |            |            | Y   Y       | Y      |
| Maii    | ing Address PO Box 13040  |            |                                   |   | 02         | 12         | 2          | 2014        |        |
| City    | 5   | State      | Zip Code                          |   |            |            |            |             |        |
| Chic    | =   | IL         | 60613                             |   | Trans      | saction ID | : 21573035 |             |        |
| Purp    | oose of Disbursement<br>ntribution  |            |                                   |   | 1          |            |            |             |        |
|         |   |            |                                   | 011                                     | Amoun      | t of Each  | Disburseme | nt this     | Period |
|         | didate Name   |            |                                   | Category/                               |            |            |            | 1000        | 0.00   |
|         | p. Michael Quigley<br>e Sought: ⋉ House Disbursen   | ent For    | 2014                              | Туре                                    |            | -          |            |             |        |
| Onic    |   | Primary    | General                           |   | Contrib    | ution      |            |             |        |
|         |   | Other (spe |                                   |   | Continb    | นแบบ       |            |             |        |
| State   |   |            |                                   |   |            |            |            |             |        |
| Full    | Name (Last, First, Middle Initial)  |            |                                   |   |            |            |            |             |        |
| B. Ho   | oosiers For Rokita, Inc.  |            |                                   |   | Date o     | f Disburse | ment       |             |        |
|         |   |            |                                   |   | M = M      |            |            | Y           | Υ      |
| Mail    | ing Address 314 Arsenal Ave.  |            |                                   |   | 02         | 12         | 2          | 2014        |        |
| City    |   | State      | Zip Code                          |   | Trans      | saction ID | : 21573036 |             |        |
|         | anapolis<br>lose of Disbursement  | IN         | 46201                             |   |            |            | 2.200      |             |        |
| Co      | ntribution  |            |                                   | 011                                     | Amoun      | t of Each  | Disburseme | ent this    | Period |
| Can     | didate Name   |            |                                   |   |            | 2. 23017   |            |             |        |
| Re      | p. Todd Rokita  |            |                                   | Category/<br>Type                       |            |            |            | 1000        | 0.00   |
|         | e Sought: House Disbursen   |            | 2014                              |   | 1          |            |            |             |        |
|         |   | Primary    | General                           |   | Contrib    | ution      |            |             |        |
|         |   | Other (spe | ecify) 🔻                          |   |            |            |            |             |        |
| State   | **  |            |                                   |   |            |            |            |             |        |
| _       | Name (Last, First, Middle Initial)  | 0          | :44                               |   | Doto -     | f Diahura- | mont       |             |        |
| o. Ro   | ger Williams For U.S. Congress  | Comm       | птее                              |   |            | f Disburse |            |             |        |
| Mail    | ing Address P.O. Box 91061  |            |                                   |   | 02         | 12         |            | 2014        | Y      |
| man     | 1.0. Box 61001  |            |                                   |   | "-         | ننا د      |            |             | _      |
| City    |   | State      | Zip Code                          |   | Trans      | saction ID | : 21573037 |             |        |
| Aust    |   | TX         | 78709                             |   | 11011      | Jacaton ID | . 2.5/505/ |             |        |
|         | ose of Disbursement<br>ntribution   |            |                                   | 011                                     |            |            |            |             |        |
| Can     | didate Name   |            |                                   |   | Amoun      | t of Each  | Disburseme | nt this     | Period |
|         | ep. Roger Williams  |            |                                   | Category/<br>Type                       |            |            |            | 1000        | 0.00   |
|         | e Sought: House Disbursen   | nent For:  | 2014                              | ,,,,,                                   |            | -          | ,          |             |        |
|         |   | Primary    | General                           |   | Contrib    | ution      |            |             |        |
|         | President   | Other (spe | ecify) 🔻                          |   |            | -          |            |             |        |
| State   | e: TX District: 25  |            |                                   |   |            |            |            |             |        |
|         |   |            |                                   |   | -          |            |            | 0000        | 00     |
| SUBT    | OTAL of Disbursements This Page (optional)  |            |                                   | ••••••••••••••••••••••••••••••••••••••• |            |            |            | 3000        | 0.00   |
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| I TOTAL | This Period (last page this line number only)   |            |                                   |   |            |            | 7          |             |        |

| SCHEDULE B (FEC Form 3X)   | Hee con                              | arate schodulo(a)                                    | T TOTT EINE NOMBETT. |                   |             | PAGE 39 OF             |
|--|--------------------------------------|--|----------------------|-------------------|-------------|------------------------|
| TEMIZED DISBURSEMENTS  | for each                             | arate schedule(s)<br>category of the<br>Summary Page | (check only 21b 27   | one)<br>22<br>28a | 23<br>28b   | 24 25 29 29            |
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| NAME OF COMMITTEE (In Full)  | o una adu                            | 1000 of any point                                    | Jan Johnmille II     | 3011011 00        |             | odom committee.        |
| American Hospital Association PAC  |                                      |  |                      |                   |             |                        |
| Full Name (Last, First, Middle Initial)  |                                      |  |                      |                   |             |                        |
| Giving Willingly Empowering Nation   | nally PA                             | C (GWEN F  | PAC)                 |                   | f Disburse  |                        |
| Mailing Address PO Box 16646   |                                      |  |                      | 02                | 12          |                        |
| ,  | State                                | Zip Code   |                      | Trans             | action ID   | : 21573038             |
|  | WI                                   | 53216-0646   |                      | mans              | action ib   | . 21373030             |
| Purpose of Disbursement<br>2014 Contribution   |                                      |  | 011                  | Amoun             | t of Each   | Disbursement this Peri |
| Candidate Name Giving Willingly Empowering Nationally P  | PAC (GW                              | /EN PAC)   | Category/            |                   |             | 1500.00                |
| Office Sought: House Disbursem   |                                      | - IN I AO)   | Туре                 |                   | ,           |                        |
| Senate<br>President  | Primary<br>Other (spe                | General cify) ▼                                      |                      | 2014 C            | ontribution |                        |
| State: District:   |                                      |  |                      |                   |             |                        |
| Full Name (Last, First, Middle Initial)  LOBO PAC  |                                      |  |                      | Date o            | f Disburse  |                        |
| Mailing Address PO Box 25763   |                                      |  |                      | 02                | / D 1:      |                        |
| City   | State                                | Zip Code   |                      | Trans             | saction ID  | : 21573039             |
|  | NM                                   | 87125  |                      | Trans.            | saction ib  | . 21373033             |
| Purpose of Disbursement<br>2014 Contribution   |                                      |  | 011                  | Amoun             | t of Each   | Disbursement this Peri |
| Candidate Name   |                                      |  | Category/            |                   |             | 2500.00                |
| LOBO PAC   |                                      |  | Type                 |                   | -           | 2500.00                |
|  | nent For:<br>Primary<br>Other (spe   | General cify) ▼                                      |                      | 2014 C            | ontribution |                        |
| Full Name (Last, First, Middle Initial)  - Alex Sink For Congress  |                                      |  |                      | Date o            | f Disburse  | ment                   |
| Alex Ollik i of Collyless  |                                      |  |                      | M M               | _           |                        |
| Mailing Address PO Box 17271   |                                      |  |                      | 02                | 12          | 2 2014                 |
| Clearwater   | State<br>FL                          | Zip Code<br>33762                                    |                      | Trans             | saction ID  | : 21573040             |
| Purpose of Disbursement<br>Contribution  |                                      |  | 011                  | Amoun             | t of Each   | Disbursement this Peri |
| Candidate Name   |                                      |  | Category/            |                   |             | 2502.00                |
| Alex Sink  |                                      |  | Type                 |                   |             | 2500.00                |
| Senate President   | nent For: ;<br>Primary<br>Other (spe | General cify) ▼                                      |                      | Contrib           | ution       |                        |
| State: FL District: 13   |                                      | Special-General2                                     | 2014                 |                   |             |                        |
| SUBTOTAL of Disbursements This Page (optional)   |                                      |  |                      |                   |             | 6500.00                |
| TOTAL This Period (last page this line number only).   |                                      |  |                      |                   |             |                        |

| SCHEDULE B (FEC Form 3X)   |  | FOR LINE I        | NUMBER: PAGE 40 OF 46                   |
|--|--|-------------------|---|
| ITEMIZED DISBURSEMENTS   | Use separate schedule(s)                           | (check only       |   |
|  | for each category of the Detailed Summary Page     | 21b               | 22 🔀 23 🔲 24 🔲 25 🖂 26                  |
|  | , ,  | 27                | 28a 28b 28c 29 30k                      |
| Any information copied from such Reports and State or for commercial purposes, other than using the na |  |                   |   |
| NAME OF COMMITTEE (In Full)  |  |                   |   |
| American Hospital Association PA   | С  |                   |   |
| Full Name (Last, First, Middle Initial)  |  |                   |   |
| A. Alaskans For Begich 2014  |  |                   | Date of Disbursement                    |
| Mailing Address 1231 W Northern Lts #605   |  |                   | 02 25 2014                              |
| City   | State Zip Code                                     |                   | Transaction ID: 21587905                |
| Anchorage  | AK 99503   |                   | 1141154041011 15 . 21007500             |
| Purpose of Disbursement<br>Contribution  |  | 011               | Amount of Each Disbursement this Period |
| Candidate Name   |  | Category/         | 2000.00                                 |
| Sen. Mark P. Begich  |  | Туре              | 2000.00                                 |
| Senate President   | ment For: 2014 Primary ☐ General Other (specify) ▼ |                   | Contribution                            |
| State: AK District:  |  |                   |   |
| Full Name (Last, First, Middle Initial)  B. Great Land PAC, The  |  |                   | Date of Disbursement                    |
|  |  |                   | M = M / D = D / Y = Y = Y               |
| Mailing Address 700 13th Street N.W., Suite 600  |  |                   | 02 25 2014                              |
| City<br>Washington   | State Zip Code DC 20005                            |                   | Transaction ID : 21587906               |
| Purpose of Disbursement 2014 Contribution  |  | 011               | Amount of Each Disbursement this Period |
| Candidate Name   |  | Category/         | 1000.00                                 |
| Great Land PAC, The  |  | Type              | 1000.00                                 |
| Senate President   | ment For:  Primary General  Other (specify)        |                   | 2014 Contribution                       |
| State: District:   |  |                   |   |
| Full Name (Last, First, Middle Initial)  C. Citizens For Cochran                                       |  |                   | Date of Disbursement                    |
| Mailing Address PO Box 7183  |  |                   | 02 25 2014                              |
| City   | State Zip Code                                     |                   | Transaction ID : 21587912               |
| Tupelo Purpose of Disbursement Contribution  | MS 38802   |                   |   |
| Candidate Name   |  | 011               | Amount of Each Disbursement this Period |
| Sen. Thad Cochran  |  | Category/<br>Type | 1000.00                                 |
|  | ment For: 2014                                     | Туре              | 7 7 7                                   |
| Senate President State: MS District:   | Primary General Other (specify) ▼                  |                   | Contribution                            |
|  |  |                   |   |
| SUBTOTAL of Disbursements This Page (optional).  |  | ·····             | 4000.00                                 |
| TOTAL This Period (last page this line number only   | )  | ·····•            |   |

| _               | CHEDULE B (FEC Form 3X)  | l   |   | FOR LINE I        | IUMBER: PAGE 41 O   | F 46      |
|-----------------|--|---|---|-------------------|---|-----------|
| IT              | EMIZED DISBURSEMENTS   |   | arate schedule(s) category of the               | (check only       | •   |           |
|                 |  |   | Summary Page                                    | 21b<br>27         | 22 X 23 24 25<br>28a 28b 28c 29                               | 26<br>30b |
| ۸۰              | av information conicd from such Bonorto and Statem   | anto mov  | not be cold or use                              |                   |   |           |
|                 | ny information copied from such Reports and Statem for commercial purposes, other than using the nam   |   |   |                   |   |           |
| $\overline{\ }$ | NAME OF COMMITTEE (In Full)  |   |   |                   |   |           |
|                 | American Hospital Association PAC  | )   |   |                   |   |           |
| <u>/</u>        | •  |   |   |                   |   |           |
| ٨               | Full Name (Last, First, Middle Initial)  |   |   |                   | Date of Disbursement  |           |
| ۸.              | Klobuchar For Minnesota  |   |   |                   |   |           |
|                 | Mailing Address PO Box 4146  |   |   |                   | 02 25 2014  | Y         |
|                 |  |   |   |                   |   |           |
|                 | ,  | State   | Zip Code  |                   | Transaction ID: 21587913                                      |           |
|                 | St Paul Purpose of Disbursement  | MN  | 55104   |                   |   |           |
|                 | 2018 Contribution  |   |   | 011               | Amount of Each Disbursement this P                            | eriod     |
|                 | Candidate Name   |   |   |                   |   |           |
|                 | Sen. Amy Klobuchar   |   |   | Category/<br>Type | 1000.   | 00        |
|                 |  | nent For:   | 2018  |                   |   |           |
|                 |  | Primary   | General   |                   | 2018 Contribution   |           |
|                 |  | Other (spe  | cify) 🔻   |                   |   |           |
|                 | State: MN District:  Full Name (Last, First, Middle Initial)   |   |   |                   |   |           |
| В.              | Sanford Bishop For Congress  |   |   |                   | Date of Disbursement  |           |
|                 | Samora bishop i or Congress  |   |   |                   | M M / D D / Y Y Y   | Y         |
|                 | Mailing Address P. O. Box 909  |   |   |                   | 02 25 2014  |           |
|                 |  |   |   |                   |   |           |
|                 | •  | State<br>GA                                       | Zip Code<br>31902                               |                   | Transaction ID: 21587914                                      |           |
|                 | Purpose of Disbursement  | <u> </u>  | 31902   |                   |   |           |
|                 | Contribution   |   |   | 011               | Amount of Each Disbursement this P                            | eriod     |
|                 | Candidate Name   |   |   | Category/         | 1000  | 00        |
|                 | Rep. Sanford D. Bishop Jr.   |   |   | Type              | 1000.   | 00        |
|                 |  | nent For:   |   |                   |   |           |
|                 |  | Primary<br>Other (spe                             | General   |                   | Contribution  |           |
|                 | State: GA District: 02   | Otrici (Spc                                       | City) $\blacktriangledown$                      |                   |   |           |
|                 | Full Name (Last, First, Middle Initial)  |   |   |                   |   |           |
| C.              | Chuck Fleischmann For Congress   | Commi   | too Inc   |                   | Date of Disbursement  |           |
| •               |  |   | LLCC. 1116.                                     |                   |   |           |
| •               |  |   |   |                   | M M / D D / Y Y Y   | Υ         |
| •               | Mailing Address P.O. Box 11091   |   |   |                   |   | Y         |
| •               | Mailing Address P.O. Box 11091   |   |   |                   | M M / D D / Y Y Y   | Y         |
|                 | Mailing Address P.O. Box 11091  City   | State<br>TN                                       | Zip Code<br>37401                               |                   | M M / D D / Y Y Y   | Y         |
|                 | Mailing Address P.O. Box 11091  City S Chattanooga Purpose of Disbursement   | State   | Zip Code  |                   | 02 / 25 / 2014  | Y         |
|                 | Mailing Address P.O. Box 11091  City S Chattanooga Purpose of Disbursement Contribution  | State   | Zip Code  | 011               | 02 / 25 / 2014  |           |
|                 | Mailing Address P.O. Box 11091  City S Chattanooga Purpose of Disbursement Contribution  Candidate Name  | State   | Zip Code  | Category/         | Transaction ID : 21587915  Amount of Each Disbursement this P | eriod     |
|                 | Mailing Address P.O. Box 11091  City S Chattanooga Purpose of Disbursement Contribution  Candidate Name Rep. Charles J. Fleischmann  | State<br>TN                                       | Zip Code<br>37401                               |                   | 02 25 2014  Transaction ID : 21587915                         | eriod     |
|                 | Mailing Address P.O. Box 11091  City S Chattanooga Purpose of Disbursement Contribution  Candidate Name  Rep. Charles J. Fleischmann  Office Sought: House Disbursement                            | State   | Zip Code<br>37401                               | Category/         | Transaction ID: 21587915  Amount of Each Disbursement this P  | eriod     |
|                 | Mailing Address P.O. Box 11091  City S Chattanooga Purpose of Disbursement Contribution  Candidate Name  Rep. Charles J. Fleischmann  Office Sought: House Senate                                  | State<br>TN                                       | Zip Code<br>37401                               | Category/         | Transaction ID : 21587915  Amount of Each Disbursement this P | eriod     |
|                 | Mailing Address P.O. Box 11091  City S Chattanooga Purpose of Disbursement Contribution  Candidate Name  Rep. Charles J. Fleischmann  Office Sought: House Senate                                  | State TN  nent For: Primary                       | Zip Code<br>37401                               | Category/         | Transaction ID: 21587915  Amount of Each Disbursement this P  | eriod     |
|                 | Mailing Address P.O. Box 11091  City S Chattanooga Purpose of Disbursement Contribution  Candidate Name  Rep. Charles J. Fleischmann  Office Sought: House Senate President  Name President        | State TN  nent For: Primary                       | Zip Code<br>37401                               | Category/         | Transaction ID: 21587915  Amount of Each Disbursement this P  | eriod     |
| S               | Mailing Address P.O. Box 11091  City S Chattanooga Purpose of Disbursement Contribution  Candidate Name  Rep. Charles J. Fleischmann  Office Sought: House Senate President  Name President        | State<br>TN<br>nent For:<br>Primary<br>Other (spe | Zip Code<br>37401<br>2014<br>General<br>cify) ▼ | Category/<br>Type | Transaction ID: 21587915  Amount of Each Disbursement this P  | eriod     |
|                 | Mailing Address P.O. Box 11091  City S Chattanooga Purpose of Disbursement Contribution  Candidate Name Rep. Charles J. Fleischmann  Office Sought: House Senate President  State: TN District: 03 | State<br>TN<br>nent For:<br>Primary<br>Other (spe | Zip Code<br>37401<br>2014<br>General<br>cify) ▼ | Category/<br>Type | Transaction ID: 21587915  Amount of Each Disbursement this P  | eriod     |

| SCHEDULE                     | E B (FEC Form 3X)   |                                    |                   | FOR LINE I           | NUMBER:    |             | PAGE         | 42 (       | )F 46  |
|------------------------------|---|------------------------------------|-------------------|----------------------|------------|-------------|--------------|------------|--------|
| ITEMIZED                     | DISBURSEMENTS   |                                    | category of the   | (check only          | one)       |             |              | 7.5-       |        |
|                              |   |                                    | Summary Page      | 21b                  | 22         | X 23        | 24           | 25<br>29   | 26     |
|                              |   | <u> </u>                           |                   | 27                   | 28a        | 28b         | 28c          |            | 30b    |
|                              | copied from such Reports and Stater al purposes, other than using the nan |                                    |                   |                      |            |             |              |            |        |
| NAME OF C                    | OMMITTEE (In Full)  |                                    |                   |                      |            |             |              |            |        |
| I \                          | n Hospital Association PAG  | C                                  |                   |                      |            |             |              |            |        |
| _ `                          | ast, First, Middle Initial)   |                                    |                   |                      |            |             |              |            |        |
| A. Hoyer Fo                  |   |                                    |                   |                      | M = M      | f Disburse  | D / Y        | YIYI       | Υ      |
|                              | Suite 600   |                                    |                   |                      | 02         | 25          | 5            | 2014       |        |
| City                         | •   | State<br>DC                        | Zip Code          |                      | Trans      | action ID   | : 21587916   |            |        |
| Washington  Purpose of D     | Disbursement  | DC                                 | 20005             |                      |            |             |              |            |        |
| Contribution                 |   |                                    |                   | 011                  | Amoun      | t of Each   | Disburseme   | nt this F  | Period |
| Candidate Na                 |   |                                    |                   | Category/            |            |             |              | 1000       | 00     |
|                              | ny H. Hoyer   |                                    |                   | Type                 |            | 7           | 7            | 1000       | .00    |
| Office Sough                 | Senate<br>President   | nent For:<br>Primary<br>Other (spe | X General         |                      | Contribu   | ution       |              |            |        |
| State: MD                    | District: 05  |                                    |                   |                      |            |             |              |            |        |
| •                            | ast, First, Middle Initial)   |                                    |                   |                      | Doto       | f Diahuraa  | mant         |            |        |
| P. Texans I                  | Texans For Lamar Smith  |                                    |                   | Date of Disbursement |            |             |              |            |        |
| Mailing Addre                | ess PO Box 6155   |                                    |                   |                      | 02 25 2014 |             |              | Y          |        |
| City San Antonio             |   | State<br>TX                        | Zip Code<br>78209 |                      | Trans      | saction ID  | : 21587917   |            |        |
| Purpose of D<br>Contribution |   |                                    |                   | 011                  | Amoun      | t of Each   | Disburseme   | nt this F  | Period |
| Candidate Na                 |   |                                    |                   | Category/            |            |             |              | 4000       | .00    |
|                              | nar S. Smith  |                                    |                   | Type                 |            | -           |              | 1000       | .00    |
| Office Sough                 |   | nent For:<br>Primary<br>Other (spe | General           |                      | Contrib    | ution       |              |            |        |
| Full Name (L                 | Full Name (Last, First, Middle Initial)                                   |                                    |                   |                      |            |             |              |            |        |
| C. Leadersh                  | nip For Today and Tomorr  | ow                                 |                   |                      | Date of    | f Disburse  |              | YYY        | Υ      |
|                              | Mailing Address 625 3rd Street, NE Suite #2                               |                                    |                   | 02                   | 25         | 5           | 2014         |            |        |
| City<br>Washington           |   | State<br>DC                        | Zip Code<br>20002 |                      | Trans      | action ID   | : 21587918   |            |        |
|                              | Purpose of Disbursement 2014 Contribution 011                             |                                    |                   | Amoun                | t of Each  | Disburseme  | at thia [    | Pariod     |        |
| Candidate Na                 | Candidate Name  |                                    |                   | Category/            | Amoun      | l OI Eacii  | Disburserrie | וו נוווס ר | enou   |
| Leaders                      | hip For Today and Tomorr  | ow                                 |                   | Type                 | Ι.         |             |              | 2000       | .00    |
| Office Sough                 | t: House Disburser Senate President                                       | nent For:<br>Primary<br>Other (spe | General           |                      | 2014 Co    | ontribution | ,            |            |        |
| State:                       | District:   | Julio (Spe                         | √ (iii) <b>∀</b>  |                      |            |             |              |            |        |
|                              | Disbursements This Page (optional)  |                                    |                   |                      | _          |             |              | 4000       | .00    |
|                              | eriod (last page this line number only)                                   |                                    |                   |                      |            |             | 1            |            |        |

| SCHEDULE B (FEC Form 3X)   |   | FOR LINE    | NUMBER: PAGE 43 OF 46                   |  |  |
|--|---|-------------|---|--|--|
| ITEMIZED DISBURSEMENTS   | Use separate schedule(s) for each category of the | (check only |   |  |  |
|  | Detailed Summary Page                             | 21b         | 22 X 23 24 25 26                        |  |  |
|  |   | 27          | 28a 28b 28c 29 30b                      |  |  |
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| NAME OF COMMITTEE (In Full)  |   |             |   |  |  |
| American Hospital Association PA   | С   |             |   |  |  |
| Full Name (Last, First, Middle Initial)  |   |             |   |  |  |
| A. Shore PAC   |   |             | Date of Disbursement                    |  |  |
| Mailing Address P.O. Box 3157  |   |             | 02 25 2014                              |  |  |
| City   | State Zip Code                                    |             | Transaction ID : 21587919               |  |  |
| Long Branch Purpose of Disbursement  | NJ 07740  |             | 114115454611115 . 21007515              |  |  |
| 2014 Contribution  |   | 011         | Amount of Each Disbursement this Period |  |  |
| Candidate Name   |   | Category/   | 5000.00                                 |  |  |
| Shore PAC  |   | Type        | 3000.00                                 |  |  |
| Office Sought: House Disburse Senate   | ment For:  Primary General                        |             | 2014 2                                  |  |  |
| President  | Other (specify)                                   |             | 2014 Contribution                       |  |  |
| State: District:   | (-  <b>/</b> ) <b>∀</b>                           |             |   |  |  |
| Full Name (Last, First, Middle Initial)  |   |             |   |  |  |
| B. Democratic Senatorial Campaign  | Committee   |             | Date of Disbursement                    |  |  |
| Mailing Address 120 Maryland Avenue, NE  |   |             | 02 25 2014                              |  |  |
| City   | State Zip Code                                    |             |   |  |  |
| Washington   | DC 20002  |             | Transaction ID: 21587920                |  |  |
| Purpose of Disbursement  |   |             |   |  |  |
| 2014 Contribution  |   | 011         | Amount of Each Disbursement this Period |  |  |
| Candidate Name   | Committee   | Category/   | 15000.00                                |  |  |
| Democratic Senatorial Campaign  Office Sought: House Disburse  | ment For:   | Туре        | 7 7                                     |  |  |
| Senate   | Primary General                                   |             | 2014 Contribution                       |  |  |
| President  | Other (specify) ▼                                 |             | 2011 Commodulori                        |  |  |
| State: District:   |   |             |   |  |  |
| Full Name (Last, First, Middle Initial)  |   |             |   |  |  |
| C. Deb Fischer For US Senate Inc   |   |             | Date of Disbursement                    |  |  |
| Mailing Address 5555 South St  |   |             | 02 25 2014                              |  |  |
| Maining / Nochood 5555 Coult of  |   |             | 2 25                                    |  |  |
| City   | State Zip Code                                    |             | Transaction ID : 21587922               |  |  |
| Lincoln Purpose of Disbursement  | NE 68506  |             |   |  |  |
| Contribution   |   | 011         | Amount of Each Disbursement this Period |  |  |
| Candidate Name   |   | Category/   |   |  |  |
| Sen. Deb Fischer   |   | Type        | 2000.00                                 |  |  |
|  | ment For: 2012                                    |             |   |  |  |
| Senate President   | Primary General                                   |             | Contribution                            |  |  |
| State: NE District:  | Other (specify) ▼  2012 General Debi              | t Re        |   |  |  |
|  | 20.2 20110141 2001                                |             |   |  |  |
| SUBTOTAL of Disbursements This Page (optional).  |   |             | 22000.00                                |  |  |
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| SCHEDULE B (FEC Form 3X)                             |   | FOR LINE I  | NUMBER: PAGE 44 OF                   | 46        |
|--|---|-------------|--------------------------------------|-----------|
| TEMIZED DISBURSEMENTS                                | Use separate schedule(s) for each category of the | (check only | ·                                    |           |
|  | Detailed Summary Page                             | 21b<br>27   | 22 X 23 24 25 28 28b 28c 29          | 26<br>30b |
| Any information copied from such Reports and Statem  | ponto mou not bo cold or us                       |             |                                      |           |
| or for commercial purposes, other than using the nam |   |             |                                      |           |
| NAME OF COMMITTEE (In Full)                          |   |             |                                      |           |
| American Hospital Association PAC                    |   |             |                                      |           |
| ·  |   |             |                                      |           |
| Full Name (Last, First, Middle Initial)              |   |             | Date of Disbursement                 |           |
| A. Paul Cook For Congress                            |   |             |                                      |           |
| Mailing Address PO Box 365                           |   |             | 02 25 2014                           |           |
|  |   |             |                                      |           |
|  | state Zip Code                                    |             | Transaction ID: 21587924             |           |
| Yucca Valley Purpose of Disbursement                 | CA 92286  |             |                                      |           |
| Contribution   |   | 011         | Amount of Each Disbursement this Pe  | riod      |
| Candidate Name                                       |   | Category/   |                                      | -         |
| Rep. Paul Cook                                       |   | Type        | 1000.00                              | 0         |
|  | nent For: 2014                                    |             |                                      |           |
|  | Primary General                                   |             | Contribution                         |           |
| State: CA District: 08                               | Other (specify) ▼                                 |             |                                      |           |
| Full Name (Last, First, Middle Initial)              |   |             |                                      |           |
| B. Swalwell For Congress                             |   |             | Date of Disbursement                 |           |
| Owalwell For Congress                                |   |             | M = M / D = D / Y = Y = Y            | -         |
| Mailing Address P.O. Box 2847                        |   |             | 02 25 2014                           |           |
| -  |   |             |                                      |           |
| ,  | state Zip Code<br>CA 94568                        |             | Transaction ID : 21587925            |           |
| Purpose of Disbursement                              | 34300   |             |                                      |           |
| Contribution   |   | 011         | Amount of Each Disbursement this Pe  | riod      |
| Candidate Name                                       |   | Category/   | 3000.0                               | 10        |
| Rep. Eric Swalwell                                   |   | Туре        | 3000.0                               | ,0        |
|  | nent For: 2014 Primary General                    |             |                                      |           |
|  | Other (specify)                                   |             | Contribution                         |           |
| State: CA District: 15                               | · · · · · · · · · · · · · · · · · · ·             |             |                                      |           |
| Full Name (Last, First, Middle Initial)              |   |             |                                      |           |
| C. Udall For Colorado                                |   |             | Date of Disbursement                 |           |
|  |   |             | M M / D D / Y Y Y Y                  | 1         |
| Mailing Address PO Box 40158                         |   |             | 02 25 2014                           | 4         |
| City   | state Zip Code                                    |             |                                      |           |
| Denver   | CO 80204  |             | Transaction ID: 21587926             |           |
| Purpose of Disbursement<br>Contribution              |   |             |                                      |           |
| Candidate Name                                       |   | 011         | Amount of Each Disbursement this Per | riod      |
| Sen. Mark Emery Udall                                |   | Category/   | 1000.00                              | 0         |
|  | nent For: 2014                                    | Туре        |                                      |           |
|  | Primary General                                   |             | Contribution                         |           |
| President  | Other (specify) ▼                                 |             |                                      |           |
| State: CO District:                                  |   |             |                                      |           |
|  |   |             | 5000.00                              | 0         |
| SUBTOTAL of Disbursements This Page (optional)       |   | ·····•      | 5000.00                              | 0         |
| TOTAL This Period (last page this line number only). |   |             |                                      |           |

| SCHEDULE B (FEC Form 3X)  |  | FOR LINE          | NUMBER: PAGE 45 OF 46   |
|---|--|-------------------|---|
| TEMIZED DISBURSEMENTS   | Use separate schedule for each category of the | (oricon oriny     | · · · · · · · · · · · · · · · · · · ·                             |
|   | Detailed Summary Pag                           | e  21b            | 22 X 23 24 25 26<br>28a 28b 28c 29 30b                            |
|   |  | 27                |   |
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| NAME OF COMMITTEE (In Full)   | , , , , , , , , , , , , , , , , , , ,          |                   |   |
| American Hospital Association PA  | /C   |                   |   |
| ·   | 10   |                   |   |
| Full Name (Last, First, Middle Initial)   |  |                   |   |
| A. Chris Coons For Delaware   |  |                   | Date of Disbursement  |
| Mailing Address PO Box 9900   |  |                   | 02 25 2014  |
| Mailing Address PO Box 9900   |  |                   | 02 25 2014  |
| City  | State Zip Code                                 |                   | Turner (1 a. ID. 04507007   |
| Newark  | DE 19714                                       |                   | Transaction ID: 21587927  |
| Purpose of Disbursement Contribution  |  | 244               |   |
| Candidate Name  |  | 011               | Amount of Each Disbursement this Period                           |
| Sen. Christopher A. Coons   |  | Category/         | 3000.00   |
|   | ement For: 2014                                | Type              | 7   |
| ✓ Senate  | Primary Genera                                 | 1                 | Contribution  |
| President   | Other (specify)                                |                   | Contribution  |
| State: DE District:   |  |                   |   |
| Full Name (Last, First, Middle Initial)   |  |                   |   |
| B. Alexander For Senate 2014 Inc  |  |                   | Date of Disbursement  |
|   |  |                   | M - M / D - D / Y - Y - Y - Y                                     |
| Mailing Address 228 S Washington Street Suite   | 15   |                   | 02 25 2014  |
| City  | State Zip Code                                 |                   |   |
| Alexandria  | VA 22314                                       |                   | Transaction ID: 21587928  |
| Purpose of Disbursement   |  |                   |   |
| Contribution  |  | 011               | Amount of Each Disbursement this Period                           |
| Candidate Name Sen. Lamar Alexander   |  | Category/         | 1000.00   |
|   | ement For: 2014                                | Туре              | 7   |
|   | Primary Genera                                 | 1                 | Contribution  |
| President   | Other (specify)                                |                   | Contribution  |
| State: TN District:   |  |                   |   |
| Full Name (Last, First, Middle Initial)   |  |                   |   |
| C. The Congressman Joe Barton Co  | mmittee  |                   | Date of Disbursement  |
|   |  |                   |   |
| Mailing Address P.O. Box 1444   | Mailing Address P.O. Box 1444                  |                   |   |
| Cit.  |  |                   |   |
| LIIV  | State Zin Code                                 |                   |   |
| City<br>Ennis   | State Zip Code<br>TX 75120                     |                   | Transaction ID: 21587929  |
| Ennis Purpose of Disbursement   |  |                   | Transaction ID: 21587929  |
| Ennis Purpose of Disbursement Contribution  |  | 011               | Transaction ID: 21587929  Amount of Each Disbursement this Period |
| Ennis Purpose of Disbursement Contribution Candidate Name   |  | Category/         | Amount of Each Disbursement this Period                           |
| Ennis Purpose of Disbursement Contribution Candidate Name Rep. Joe L. Barton  | TX 75120                                       |                   |   |
| Ennis Purpose of Disbursement Contribution  Candidate Name  Rep. Joe L. Barton  Office Sought: House Disburs                                    | TX 75120                                       | Category/<br>Type | Amount of Each Disbursement this Period 250.00                    |
| Ennis Purpose of Disbursement Contribution Candidate Name Rep. Joe L. Barton  | TX 75120                                       | Category/<br>Type | Amount of Each Disbursement this Period                           |
| Ennis Purpose of Disbursement Contribution  Candidate Name  Rep. Joe L. Barton  Office Sought:  House Senate                                    | TX 75120  ement For: 2014  Primary Genera      | Category/<br>Type | Amount of Each Disbursement this Period 250.00                    |
| Ennis Purpose of Disbursement Contribution  Candidate Name  Rep. Joe L. Barton  Office Sought:  House Senate President  Disburs                 | TX 75120  ement For: 2014  Primary Genera      | Category/<br>Type | Amount of Each Disbursement this Period 250.00                    |
| Ennis Purpose of Disbursement Contribution  Candidate Name  Rep. Joe L. Barton  Office Sought:  House Senate President  Disburs                 | ement For: 2014 Primary Genera Other (specify) | Category/<br>Type | Amount of Each Disbursement this Period 250.00                    |
| Ennis Purpose of Disbursement Contribution  Candidate Name  Rep. Joe L. Barton  Office Sought:  House Senate President  State: TX  District: 06 | ement For: 2014 Primary Genera Other (specify) | Category/<br>Type | Amount of Each Disbursement this Period 250.00  Contribution      |

| SCHEDULE B (FEC Form 3X)                              |  | FOR LINE          | NUMBER: PAGE 46 OF 46                           |  |  |
|---|--|-------------------|---|--|--|
| TEMIZED DISBURSEMENTS                                 | Use separate schedule(s)                       | (check only       | NOMBER.   |  |  |
| TEMIZED DISBOTISEMENTS                                | for each category of the Detailed Summary Page | 21b               | 22 🗶 23 24 25 26                                |  |  |
|   | Detailed Guillinary 1 age                      | 27                | 28a 28b 28c 29 30                               |  |  |
| Any information copied from such Reports and Stater   |  |                   |   |  |  |
| or for commercial purposes, other than using the nan  | ne and address of any politica                 | al committee to   | solicit contributions from such committee.      |  |  |
| NAME OF COMMITTEE (In Full)                           | _  |                   |   |  |  |
| angle American Hospital Association PA(               | C  |                   |   |  |  |
| Full Name (Last, First, Middle Initial)               |  |                   |   |  |  |
| A. Gardner For Congress                               | Date of Disbursement                           |                   |   |  |  |
|   |  |                   |   |  |  |
| Mailing Address PO Box 2408                           | 02 27 2014                                     |                   |   |  |  |
| City  |  |                   |   |  |  |
| Loveland  | State Zip Code<br>CO 80539                     |                   | Transaction ID: 21590472                        |  |  |
| Purpose of Disbursement                               |  |                   |   |  |  |
| Contribution  |  | 011               | Amount of Each Disbursement this Period         |  |  |
| Candidate Name  |  | Category/         | 4000.00   |  |  |
| Rep. Cory Gardner  Office Sought:   House   Disburser | nent For: 2014                                 | Туре              |   |  |  |
| Senate  | Primary General                                |                   | Contribution                                    |  |  |
| President   | Other (specify)                                |                   | Contribution                                    |  |  |
| State: CO District: 04                                | •  |                   |   |  |  |
| Full Name (Last, First, Middle Initial)               |  |                   |   |  |  |
| 3.  |  |                   |   |  |  |
| Martina Addisora                                      |  |                   | M = M / D = D / Y = Y = Y                       |  |  |
| Mailing Address                                       |  |                   |   |  |  |
| City  | State Zip Code                                 |                   |   |  |  |
|   | ·  |                   |   |  |  |
| Purpose of Disbursement                               |  |                   | Assessed of Foods Biological and their Bostonia |  |  |
| Candidate Name  |  |                   | Amount of Each Disbursement this Period         |  |  |
| Candidate Name  |  | Category/<br>Type |   |  |  |
| Office Sought: House Disburser                        | nent For:                                      | Турс              | ,         |  |  |
| Senate  | Primary General                                |                   |   |  |  |
| President   | Other (specify) ▼                              |                   |   |  |  |
| State: District:                                      |  |                   |   |  |  |
| ,   | Full Name (Last, First, Middle Initial)        |                   |   |  |  |
| <b>.</b>  | Date of Disbursement                           |                   |   |  |  |
| Mailing Address                                       |  |                   | M M / D D / Y Y Y Y                             |  |  |
|   |  |                   |   |  |  |
| City  | State Zip Code                                 |                   |   |  |  |
| Purpose of Disbursement                               |  |                   |   |  |  |
| Tulpose of Bisbursonion                               |  |                   | Amount of Each Disbursement this Period         |  |  |
| Candidate Name  |  | Category/         | Amount of Each Disbursement this Feriod         |  |  |
|   |  | Type              |   |  |  |
| Office Sought: House Disburser                        |  |                   |   |  |  |
| Senate  | Primary General                                |                   |   |  |  |
| State: District:                                      | Other (specify) ▼                              |                   |   |  |  |
| State. District.                                      |  |                   |   |  |  |
| SUBTOTAL of Disbursements This Page (optional)        |  |                   | 4000.00   |  |  |
| ago (optional)  |  |                   |   |  |  |
| TOTAL This Period (last page this line number only)   |  |                   | 87750.00  |  |  |